

PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
8,699 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	6,223	197,718	\$ 2,344,190.98	\$ 11.86	22.729	\$ 376.70	\$ 269.48		
@PHYSICIANS SERVICES	1,140	2,715	\$ 55,751.60	\$ 20.53	.312	\$ 48.90	\$ 6.41		
OUTPATIENT VISITS	108	156	5,097.35	32.68	.018	47.20	.59		
OFFICE VISITS	101	147	4,367.25	29.71	.017	43.24	.50		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	8	9	730.10	81.12	.001	91.26	.08		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	10	25	1,173.29	46.93	.003	117.33	.13		
HOSPITAL VISITS	9	24	1,119.21	46.63	.003	124.36	.13		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	1	1	54.08	54.08	.000	54.08	.01		
OPHTHALMOLOGICAL SERVICES	9	11	498.85	45.35	.001	55.43	.06		
EXAMINATIONS	9	11	498.85	45.35	.001	55.43	.06		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	4	39	2,862.79	73.40	.004	715.70	.33		
PRINCIPAL SURGEON	3	4	1,946.82	486.71	.000	648.94	.22		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	2	35	915.97	26.17	.004	457.99	.11		
OUTPATIENT SURGERY	11	20	2,581.03	129.05	.002	234.64	.30		
PRINCIPAL SURGEON	10	13	2,343.70	180.28	.001	234.37	.27		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	2	7	237.33	33.90	.001	118.67	.03		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	19	25	289.14	11.57	.003	15.22	.03		
RADIOLOGY	32	53	3,515.15	66.32	.006	109.85	.40		
PSYCHIATRY	2	4	145.72	36.43	.000	72.86	.02		
IMMUNIZATION AND INJECTION	11	22	171.75	7.81	.003	15.61	.02		
OTHER SERVICES/ALL X-OVERS	1,024	2,360	39,416.53	16.70	.271	38.49	4.53		
@PHARMACY	5,547	42,559	\$ 1,164,706.30	\$ 27.37	4.892	\$ 209.97	\$ 133.89		
PRESCRIPTION DRUGS	5,470	20,189	1,129,538.38	55.95	2.321	206.50	129.85		
SNF/ICF	198	1,176	54,192.68	46.08	.135	273.70	6.23		
OUTPATIENTS	5,300	19,013	1,075,345.70	56.56	2.186	202.90	123.62		
MEDICAL SUPPLIES	411	22,370	35,167.92	1.57	2.572	85.57	4.04		
@DENTIST	368	1,360	\$ 62,828.82	\$ 46.20	.156	\$ 170.73	\$ 7.22		
VISITS - DIAGNOSTIC	241	819	11,279.96	13.77	.094	46.80	1.30		
ORAL SURGERY	51	128	6,240.36	48.75	.015	122.36	.72		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.02		
PERIODONTICS	15	16	2,420.00	151.25	.002	161.33	.28		
ENDODONTICS	10	13	3,245.00	249.62	.001	324.50	.37		
RESTORATIVE DENTISTRY	83	186	14,467.00	77.78	.021	174.30	1.66		
PROSTHETICS	6	6	110.00	18.33	.001	18.33	.01		
DENTURES, STAYPLATES	75	179	24,866.50	138.92	.021	331.55	2.86		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	9	11	.00	.00	.001	.00	.00		

8,699 ELIGIBLES		AID CODE 10		----- MONTHLY AVERAGE -----				
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	187	506	\$ 10,527.87	\$ 20.81	.058	\$ 56.30	\$ 1.21	
DIAGNOSTIC AND ANC. PROCED	43	42	1,964.31	46.77	.005	45.68	.23	
EYE APPLIANCES	131	377	7,020.73	18.62	.043	53.59	.81	
OTHER OPTOMETRIC SERVICES	58	87	1,542.83	17.73	.010	26.60	.18	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	82	121	\$ 1,308.87	\$ 10.82	.014	\$ 15.96	\$.15	
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.01	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	81	120	1,257.87	10.48	.014	15.53	.14	
@HOME HEALTH AGENCY	3	21	\$ 1,515.87	\$ 72.18	.002	\$ 505.29	\$.17	
NURSE ANESTHESIST	5	58	\$ 283.79	\$ 4.89	.007	\$ 56.76	\$.03	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$.00	
@TOTAL HOSPITAL	353	2,165	\$ 272,521.03	\$ 125.88	.249	\$ 772.01	\$ 31.33	
HOSP INPATIENT TOTAL	85	470	240,059.56	510.77	.054	2824.23	27.60	
HSC HOSPITALS	29	135	132,766.12	983.45	.016	4578.14	15.26	
NON-HSC HOSPITAL TOTAL	10	42	70,176.65	1670.87	.005	7017.67	8.07	
ACCOMMODATIONS	10	42	21,404.70	509.64	.005	2140.47	2.46	
ADMINISTRATIVE DAYS	2	6	1,348.75	224.79	.001	674.38	.16	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	36	20,055.95	557.11	.004	2506.99	2.31	
ANCILLARIES	10	0	48,771.95	.00	.000	4877.20	5.61	
INPATIENT CROSSOVERS	48	293	37,116.79	126.68	.034	773.27	4.27	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	275	1,695	32,461.47	19.15	.195	118.04	3.73	
MEDICAL	4	6	133.43	22.24	.001	33.36	.02	
SURGERY	2	1	90.10CR	90.10CR	.000	45.05CR	.01CR	
PATHOLOGY	9	24	314.24	13.09	.003	34.92	.04	
RADIOLOGY	4	8	546.26	68.28	.001	136.57	.06	
ROOM USE	7	4	188.08	47.02	.000	26.87	.02	
CROSSOVERS/ALL OTH OUTPTNT	262	1,652	31,369.56	18.99	.190	119.73	3.61	
@COUNTY HOSPITAL TOTAL	5	7	\$ 190.78	\$ 27.25	.001	\$ 38.16	\$.02	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	5	7	190.78	27.25	.001	38.16	.02	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	7	190.78	27.25	.001	38.16	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

					----- MONTHLY AVERAGE -----			
8,699 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	348	2,158	\$ 272,330.25	\$ 126.20	.248	\$ 782.56	\$ 31.31	
COMM HOSP INPATIENT TOTAL	85	470	240,059.56	510.77	.054	2824.23	27.60	
HSC HOSPITALS	29	135	132,766.12	983.45	.016	4578.14	15.26	
NON-HSC HOSPITALS TOTAL	10	42	70,176.65	1670.87	.005	7017.67	8.07	
ACCOMMODATIONS	10	42	21,404.70	509.64	.005	2140.47	2.46	
ADMINISTRATIVE DAYS	2	6	1,348.75	224.79	.001	674.38	.16	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	36	20,055.95	557.11	.004	2506.99	2.31	
ANCILLARIES	10	0	48,771.95	.00	.000	4877.20	5.61	
INPATIENT CROSSOVERS	48	293	37,116.79	126.68	.034	773.27	4.27	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	270	1,688	32,270.69	19.12	.194	119.52	3.71	
MEDICAL	4	6	133.43	22.24	.001	33.36	.02	
SURGERY	2	1	90.10CR	90.10CR	.000	45.05CR	.01CR	
PATHOLOGY	9	24	314.24	13.09	.003	34.92	.04	
RADIOLOGY	4	8	546.26	68.28	.001	136.57	.06	
ROOM USE	7	4	188.08	47.02	.000	26.87	.02	
CROSSOVERS/ALL OTH OUTPTNT	257	1,645	31,178.78	18.95	.189	121.32	3.58	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	169	4,459	\$ 534,365.62	\$ 119.84	.513	\$ 3161.93	\$ 61.43	
LEV A-INTERMEDIATE	6	159	10,495.19	66.01	.018	1749.20	1.21	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	163	4,300	523,870.43	121.83	.494	3213.93	60.22	
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	14	21	\$ 8,565.39	\$ 407.88	.002	\$ 611.81	\$.98	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	14	21	8,565.39	407.88	.002	611.81	.98	
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	35	120	\$ 1,245.17	\$ 10.38	.014	\$ 35.58	\$.14	
PATHOLOGY	30	113	1,220.41	10.80	.013	40.68	.14	
XO AND OTHERS	5	7	24.76	3.54	.001	4.95	.00	
@ORGANIZED OUTPATIENT CLINIC	231	354	\$ 42,831.00	\$ 120.99	.041	\$ 185.42	\$ 4.92	
CLINIC	2	2	117.24	58.62	.000	58.62	.01	
SURGICENTER	22	36	4,282.85	118.97	.004	194.68	.49	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	208	316	38,430.91	121.62	.036	184.76	4.42	

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8,699 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	990	143,258	\$ 187,715.65	\$ 1.31	16.468	\$ 189.61	\$ 21.58
DURABLE MED. EQUIP.	33	88	10,672.48	121.28	.010	323.41	1.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	16	2,580.00	161.25	.002	234.55	.30
MEDICAL TRANSPORTATION	109	4,635	13,510.38	2.91	.533	123.95	1.55
AMBULANCES/AIR TRANS	10	118	1,518.61	12.87	.014	151.86	.17
OTHER TRANS	78	4,200	10,411.81	2.48	.483	133.48	1.20
OTHER SERVICES	24	317	1,579.96	4.98	.036	65.83	.18
ACUPUNCTURE	7	12	227.07	18.92	.001	32.44	.03
ADULT DAY HEALTH CARE CTR	77	890	59,527.32	66.88	.102	773.08	6.84
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	46	337	21,989.01	65.25	.039	478.02	2.53
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	194	425	5,382.09	12.66	.049	27.74	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	38	1,187.55	31.25	.004	65.98	.14
PROSTHETICS	17	37	1,091.05	29.49	.004	64.18	.13
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.01
PSYCHOLOGIST	1	1	42.49	42.49	.000	42.49	.00
SPEECH AND AUDIOLOGY	46	85	11,921.50	140.25	.010	259.16	1.37
HOSPICE SERVICES	4	107	11,495.68	107.44	.012	2873.92	1.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	528	136,624	49,180.08	.36	15.706	93.14	5.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,721	7,538	\$ 188,120.88	\$ 24.96	.867	\$ 109.31	\$ 21.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

01/17/03

PLACER COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

1,161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	859	72,105	\$ 547,978.09	\$ 7.60	62.106	\$ 637.93	\$ 471.99
@PHYSICIANS SERVICES	261	976	\$ 26,025.35	\$ 26.67	.841	\$ 99.71	\$ 22.42
OUTPATIENT VISITS	111	159	6,587.00	41.43	.137	59.34	5.67
OFFICE VISITS	93	117	4,175.62	35.69	.101	44.90	3.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	36	2,179.00	60.53	.031	99.05	1.88
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.11
OTHER OUTPATIENT	5	5	106.07	21.21	.004	21.21	.09
INPATIENT VISITS	8	15	1,089.89	72.66	.013	136.24	.94
HOSPITAL VISITS	6	13	990.29	76.18	.011	165.05	.85
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	2	2		99.60	49.80	.002	49.80	.09
OPHTHALMOLOGICAL SERVICES	8	8		323.74	40.47	.007	40.47	.28
EXAMINATIONS	8	8		323.74	40.47	.007	40.47	.28
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	18	44		4,761.33	108.21	.038	264.52	4.10
PRINCIPAL SURGEON	12	13		3,597.38	276.72	.011	299.78	3.10
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	31		1,163.95	37.55	.027	129.33	1.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	19		448.11	23.58	.016	37.34	.39
RADIOLOGY	48	82		7,378.45	89.98	.071	153.72	6.36
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		28.14	14.07	.002	14.07	.02
OTHER SERVICES/ALL X-OVERS	125	647		5,408.69	8.36	.557	43.27	4.66
@PHARMACY	683	15,319	\$	183,730.15	\$ 11.99	13.195	\$ 269.00	\$ 158.25
PRESCRIPTION DRUGS	664	2,527		162,751.25	64.40	2.177	245.11	140.18
SNF/ICF	30	278		14,761.13	53.10	.239	492.04	12.71
OUTPATIENTS	637	2,249		147,990.12	65.80	1.937	232.32	127.47
MEDICAL SUPPLIES	130	12,792		20,978.90	1.64	11.018	161.38	18.07
@DENTIST	59	220	\$	15,168.35	\$ 68.95	.189	\$ 257.09	\$ 13.06
VISITS - DIAGNOSTIC	32	99		1,771.35	17.89	.085	55.35	1.53
ORAL SURGERY	6	47		2,062.00	43.87	.040	343.67	1.78
DRUGS	1	1		25.00	25.00	.001	25.00	.02
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	3		310.00	103.33	.003	103.33	.27
ENDODONTICS	7	10		2,515.00	251.50	.009	359.29	2.17
RESTORATIVE DENTISTRY	18	44		5,205.00	118.30	.038	289.17	4.48
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	9	15	3,280.00	218.67	.013	364.44	2.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

1,161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	50	\$ 1,819.65	\$ 36.39	.043	\$ 86.65	\$ 1.57
DIAGNOSTIC AND ANC. PROCED	6	6	314.71	52.45	.005	52.45	.27
EYE APPLIANCES	16	44	1,482.64	33.70	.038	92.67	1.28
OTHER OPTOMETRIC SERVICES	1	0	22.30	.00	.000	22.30	.02
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	11	\$ 118.73	\$ 10.79	.009	\$ 11.87	\$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	11	118.73	10.79	.009	11.87	.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	104	750	\$ 53,993.47	\$ 71.99	.646	\$ 519.17	\$ 46.51
HOSP INPATIENT TOTAL	16	96	40,005.55	416.72	.083	2500.35	34.46
HSC HOSPITALS	4	19	18,157.38	955.65	.016	4539.35	15.64
NON-HSC HOSPITAL TOTAL	2	5	9,295.02	1859.00	.004	4647.51	8.01
ACCOMMODATIONS	2	5	3,076.55	615.31	.004	1538.28	2.65
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,076.55	615.31	.004	1538.28	2.65
ANCILLARIES	2	0	6,218.47	.00	.000	3109.24	5.36
INPATIENT CROSSOVERS	10	72	12,553.15	174.35	.062	1255.32	10.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	654	13,987.92	21.39	.563	153.71	12.05
MEDICAL	13	29	460.07	15.86	.025	35.39	.40
SURGERY	7	11	358.89	32.63	.009	51.27	.31
PATHOLOGY	27	160	1,498.49	9.37	.138	55.50	1.29
RADIOLOGY	19	37	2,828.14	76.44	.032	148.85	2.44
ROOM USE	38	61	2,414.65	39.58	.053	63.54	2.08
CROSSOVERS/ALL OTH OUTPTNT	55	356	6,427.68	18.06	.307	116.87	5.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

1,161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	104	750	\$ 53,993.47	\$ 71.99	.646	\$ 519.17	\$ 46.51
COMM HOSP INPATIENT TOTAL	16	96	40,005.55	416.72	.083	2500.35	34.46
HSC HOSPITALS	4	19	18,157.38	955.65	.016	4539.35	15.64
NON-HSC HOSPITALS TOTAL	2	5	9,295.02	1859.00	.004	4647.51	8.01
ACCOMMODATIONS	2	5	3,076.55	615.31	.004	1538.28	2.65
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,076.55	615.31	.004	1538.28	2.65
ANCILLARIES	2	0	6,218.47	.00	.000	3109.24	5.36
INPATIENT CROSSOVERS	10	72	12,553.15	174.35	.062	1255.32	10.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	654	13,987.92	21.39	.563	153.71	12.05
MEDICAL	13	29	460.07	15.86	.025	35.39	.40
SURGERY	7	11	358.89	32.63	.009	51.27	.31
PATHOLOGY	27	160	1,498.49	9.37	.138	55.50	1.29
RADIOLOGY	19	37	2,828.14	76.44	.032	148.85	2.44
ROOM USE	38	61	2,414.65	39.58	.053	63.54	2.08
CROSSOVERS/ALL OTH OUTPTNT	55	356	6,427.68	18.06	.307	116.87	5.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	34	821	\$ 96,824.24	\$ 117.93	.707	\$ 2847.77	\$ 83.40
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	34	821	96,824.24	117.93	.707	2847.77	83.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	34	59	\$ 19,727.08	\$ 334.36	.051	\$ 580.21	\$ 16.99
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	34	59	19,727.08	334.36	.051	580.21	16.99
@REHABILITATION FACILITY	2	5	\$ 145.67	\$ 29.13	.004	\$ 72.84	\$.13
HOSPITAL BASED	0	0	20.72	.00	.000	.00	.02
INDEPENDENT FACILITY	2	5	124.95	24.99	.004	62.48	.11
@LABORATORY FACILITY	44	142	\$ 1,704.66	\$ 12.00	.122	\$ 38.74	\$ 1.47
PATHOLOGY	44	142	1,704.66	12.00	.122	38.74	1.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

UNORGANIZED OUTPATIENT CLINIC	100	220	\$	26,546.37	\$	120.67	.189	\$	265.46	\$	22.87
CLINIC	18	41		2,161.54		52.72	.035		120.09		1.86
SURGICENTER	11	52		2,862.19		55.04	.045		260.20		2.47
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	72	127		21,522.64		169.47	.109		298.93		18.54

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

1,161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	195	53,532	\$ 122,174.37	\$ 2.28	46.109	\$ 626.54	\$ 105.23
DURABLE MED. EQUIP.	17	87	18,099.51	208.04	.075	1064.68	15.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	78	16,754	47,724.99	2.85	14.431	611.86	41.11
AMBULANCES/AIR TRANS	9	63	2,139.85	33.97	.054	237.76	1.84
OTHER TRANS	68	16,664	45,475.70	2.73	14.353	668.76	39.17
OTHER SERVICES	2	27	109.44	4.05	.023	54.72	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	13	253	16,913.79	66.85	.218	1301.06	14.57
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	12	129	7,529.00	58.36	.111	627.42	6.48
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	28	329.07	11.75	.024	25.31	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	10	918.09	91.81	.009	306.03	.79
PROSTHETICS	3	10	918.09	91.81	.009	306.03	.79
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	62	3,458.77	55.79	.053	230.58	2.98
HOSPICE SERVICES	2	48	5,173.00	107.77	.041	2586.50	4.46
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	37	6,035	18,151.25	3.01	5.198	490.57	15.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	43	30,124	3,746.90	.12	25.947	87.14	3.23
@CALIF. CHILDREN SERVICES*	37	1,486	\$ 27,658.57	\$ 18.61	1.280	\$ 747.53	\$ 23.82
@XOVER EXCLUDING STATE HOSP**	158	1,336	\$ 49,569.33	\$ 37.10	1.151	\$ 313.73	\$ 42.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,129
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

42,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31,097	811,842	\$ 23,236,887.61	\$ 28.62	19.329	\$ 747.24	\$ 553.23
@PHYSICIANS SERVICES	9,763	32,527	\$ 1,311,806.62	\$ 40.33	.774	\$ 134.37	\$ 31.23
OUTPATIENT VISITS	5,799	9,051	334,253.08	36.93	.215	57.64	7.96
OFFICE VISITS	4,302	6,214	203,795.48	32.80	.148	47.37	4.85
HOME VISITS	65	92	3,225.87	35.06	.002	49.63	.08
EMERGENCY ROOM	1,530	1,966	106,091.40	53.96	.047	69.34	2.53

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	35	2,087.25	59.64	.001	122.78	.05
OTHER OUTPATIENT	601	744	19,053.08	25.61	.018	31.70	.45
INPATIENT VISITS	556	2,793	133,569.76	47.82	.066	240.23	3.18
HOSPITAL VISITS	444	2,493	111,746.36	44.82	.059	251.68	2.66
CRITICAL CARE	47	137	16,607.65	121.22	.003	353.35	.40
SNF/ICF/TRANS IP CARE	113	163	5,215.75	32.00	.004	46.16	.12
OPHTHALMOLOGICAL SERVICES	113	136	5,842.15	42.96	.003	51.70	.14
EXAMINATIONS	112	134	5,778.63	43.12	.003	51.59	.14
SERVICES AND MATERIALS	2	2	63.52	31.76	.000	31.76	.00
INPATIENT HOSPITAL SURGERY	279	1,800	180,374.48	100.21	.043	646.50	4.29
PRINCIPAL SURGEON	217	399	140,075.44	351.07	.009	645.51	3.33
ASSISTANT SURGEON	39	44	9,347.90	212.45	.001	239.69	.22
ANESTHESIOLOGIST	108	1,357	30,951.14	22.81	.032	286.58	.74
OUTPATIENT SURGERY	699	1,732	141,403.07	81.64	.041	202.29	3.37
PRINCIPAL SURGEON	576	752	110,808.05	147.35	.018	192.38	2.64
ASSISTANT SURGEON	8	8	917.61	114.70	.000	114.70	.02
ANESTHESIOLOGIST	177	972	29,677.41	30.53	.023	167.67	.71
DIALYSIS	51	164	15,419.64	94.02	.004	302.35	.37
PATHOLOGY	702	1,258	22,468.70	17.86	.030	32.01	.53
RADIOLOGY	2,233	4,447	228,602.12	51.41	.106	102.37	5.44
PSYCHIATRY	111	118	4,076.61	34.55	.003	36.73	.10
IMMUNIZATION AND INJECTION	389	1,183	20,341.10	17.19	.028	52.29	.48
OTHER SERVICES/ALL X-OVERS	3,634	9,845	225,455.91	22.90	.234	62.04	5.37
@PHARMACY	26,281	238,247	\$ 11,041,138.46	\$ 46.34	5.672	\$ 420.12	\$ 262.87
PRESCRIPTION DRUGS	26,050	114,731	10,169,246.25	88.64	2.732	390.37	242.11
SNF/ICF	750	6,998	358,632.45	51.25	.167	478.18	8.54
OUTPATIENTS	25,507	107,733	9,810,613.80	91.06	2.565	384.62	233.57
MEDICAL SUPPLIES	1,853	123,516	871,892.21	7.06	2.941	470.53	20.76
@DENTIST	2,961	11,936	\$ 544,593.56	\$ 45.63	.284	\$ 183.92	\$ 12.97
VISITS - DIAGNOSTIC	1,907	7,281	101,653.56	13.96	.173	53.31	2.42
ORAL SURGERY	375	983	48,635.25	49.48	.023	129.69	1.16
DRUGS	15	18	352.50	19.58	.000	23.50	.01
ANESTHESIA	14	14	1,350.00	96.43	.000	96.43	.03
PERIODONTICS	148	202	30,405.00	150.52	.005	205.44	.72
ENDODONTICS	205	291	63,562.25	218.43	.007	310.06	1.51
RESTORATIVE DENTISTRY	971	2,337	211,041.50	90.30	.056	217.34	5.02
PROSTHETICS	26	27	815.00	30.19	.001	31.35	.02
DENTURES, STAYPLATES	290	648	77,081.00	118.95	.015	265.80	1.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	8	250.00	31.25	.000	35.71	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	52	86	9,247.50	107.53	.002	177.84	.22
ALL OTHER SERVICES	40	41	200.00	4.88	.001	5.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,130
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			
				----- MONTHLY AVERAGE -----			
42,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,002	2,720	\$ 59,720.96	\$ 21.96	.065	\$ 59.60	\$ 1.42
DIAGNOSTIC AND ANC. PROCED	457	462	21,173.47	45.83	.011	46.33	.50
EYE APPLIANCES	739	2,073	33,548.21	16.18	.049	45.40	.80
OTHER OPTOMETRIC SERVICES	138	185	4,999.28	27.02	.004	36.23	.12
@CHIROPRACTOR	219	394	\$ 6,377.82	\$ 16.19	.009	\$ 29.12	\$.15
VISITS	207	371	6,060.50	16.34	.009	29.28	.14

OTHER SERVICES	12	23		317.32		13.80	.001	26.44		.01
@PODIATRIST	390	777	\$	11,977.79	\$	15.42	.018	\$ 30.71	\$	.29
MEDICINE/INJECTIONS	108	120		3,142.24		26.19	.003	29.09		.07
SURGERY/ANES.	11	14		546.22		39.02	.000	49.66		.01
RADIO./PATHOLOGY	4	4		69.20		17.30	.000	17.30		.00
OTHER	279	639		8,220.13		12.86	.015	29.46		.20
@HOME HEALTH AGENCY	217	8,450	\$	330,083.41	\$	39.06	.201	\$ 1521.12	\$	7.86
NURSE ANESTHESIST	11	159	\$	696.71	\$	4.38	.004	\$ 63.34	\$	.02
NURSE MIDWIFE	2	3	\$	665.24	\$	221.75	.000	\$ 332.62	\$	.02
PEDIATRIC NURSE PRACTITIONER	1	2	\$	56.03	\$	28.02	.000	\$ 56.03	\$	.00
FAMILY NURSE PRACTITIONER	26	43	\$	1,062.55	\$	24.71	.001	\$ 40.87	\$	.03
@TOTAL HOSPITAL	4,741	32,405	\$	4,514,412.76	\$	139.31	.772	\$ 952.21	\$	107.48
HOSP INPATIENT TOTAL	588	3,579		3,746,654.51		1046.84	.085	6371.86		89.20
HSC HOSPITALS	290	1,810		2,002,415.06		1106.31	.043	6904.88		47.67
NON-HSC HOSPITAL TOTAL	155	817		1,609,622.59		1970.16	.019	10384.66		38.32
ACCOMMODATIONS	155	817		520,426.53		637.00	.019	3357.59		12.39
ADMINISTRATIVE DAYS	12	95		21,949.91		231.05	.002	1829.16		.52
TRANSITIONAL IP CARE	0	0		25.17		.00	.000	.00		.00
ALL OTHER ACCOM	145	722		498,451.45		690.38	.017	3437.60		11.87
ANCILLARIES	155	0		1,089,196.06		.00	.000	7027.07		25.93
INPATIENT CROSSOVERS	157	952		134,616.86		141.40	.023	857.43		3.21
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,380	28,826		767,758.25		26.63	.686	175.29		18.28
MEDICAL	831	1,299		58,256.65		44.85	.031	70.10		1.39
SURGERY	348	377		44,753.94		118.71	.009	128.60		1.07
PATHOLOGY	1,625	9,053		86,444.87		9.55	.216	53.20		2.06
RADIOLOGY	1,125	1,794		153,274.44		85.44	.043	136.24		3.65
ROOM USE	2,454	3,695		152,638.85		41.31	.088	62.20		3.63
CROSSOVERS/ALL OTH OUTPTNT	2,360	12,608		272,389.50		21.60	.300	115.42		6.49
@COUNTY HOSPITAL TOTAL	46	208	\$	22,532.87	\$	108.33	.005	\$ 489.85	\$	.54
CO HOSPITAL INPATIENT TOTAL	3	18		17,017.48		945.42	.000	5672.49		.41
HSC HOSPITALS	3	18		17,017.48		945.42	.000	5672.49		.41

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	44	190	5,515.39	29.03	.005	125.35	.13
MEDICAL	16	20	856.38	42.82	.000	53.52	.02
SURGERY	1	2	232.65	116.33	.000	232.65	.01
PATHOLOGY	21	91	1,279.10	14.06	.002	60.91	.03
RADIOLOGY	2	3	245.77	81.92	.000	122.89	.01
ROOM USE	31	43	1,659.81	38.60	.001	53.54	.04
CROSSOVERS/ALL OTH OUTPTNT	10	31	1,241.68	40.05	.001	124.17	.03

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	42,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,703	32,197	\$	4,491,879.89	\$ 139.51	.767	\$ 955.11	\$ 106.94
COMM HOSP INPATIENT TOTAL	585	3,561		3,729,637.03	1047.36	.085	6375.45	88.80
HSC HOSPITALS	287	1,792		1,985,397.58	1107.92	.043	6917.76	47.27
NON-HSC HOSPITALS TOTAL	155	817		1,609,622.59	1970.16	.019	10384.66	38.32
ACCOMMODATIONS	155	817		520,426.53	637.00	.019	3357.59	12.39
ADMINISTRATIVE DAYS	12	95		21,949.91	231.05	.002	1829.16	.52
TRANSITIONAL IP CARE	0	0		25.17	.00	.000	.00	.00
ALL OTHER ACCOM	145	722		498,451.45	690.38	.017	3437.60	11.87
ANCILLARIES	155	0		1,089,196.06	.00	.000	7027.07	25.93
INPATIENT CROSSOVERS	157	952		134,616.86	141.40	.023	857.43	3.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,344	28,636		762,242.86	26.62	.682	175.47	18.15
MEDICAL	817	1,279		57,400.27	44.88	.030	70.26	1.37
SURGERY	347	375		44,521.29	118.72	.009	128.30	1.06
PATHOLOGY	1,605	8,962		85,165.77	9.50	.213	53.06	2.03
RADIOLOGY	1,123	1,791		153,028.67	85.44	.043	136.27	3.64
ROOM USE	2,427	3,652		150,979.04	41.34	.087	62.21	3.59
CROSSOVERS/ALL OTH OUTPTNT	2,350	12,577		271,147.82	21.56	.299	115.38	6.46
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	344	9,549	\$	1,165,296.62	\$ 122.03	.227	\$ 3387.49	\$ 27.74
LEV A-INTERMEDIATE	3	90		5,286.60	58.74	.002	1762.20	.13
LEV B-REHAB MD	2	42		4,938.73	117.59	.001	2469.37	.12
LEV B-SUBACUTE FREESTANDING	2	30		9,841.50	328.05	.001	4920.75	.23
LEV B-SUBACUTE HSPTL BASED	1	31		16,709.31	539.01	.001	16709.31	.40
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	336	9,356		1,128,520.48	120.62	.223	3358.69	26.87
@INTERMEDIATE CARE FACIL.-DD	167	5,007	\$	805,398.76	\$ 160.85	.119	\$ 4822.75	\$ 19.18
ICF DDH	85	2,536		370,679.63	146.17	.060	4360.94	8.83
ICF DD	6	182		23,452.52	128.86	.004	3908.75	.56
ICF DDN/DDCN	76	2,289		411,266.61	179.67	.054	5411.40	9.79
@HEMODIALYSIS TOTAL	174	4,677	\$	240,658.66	\$ 51.46	.111	\$ 1383.10	\$ 5.73
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	174	4,677		240,658.66	51.46	.111	1383.10	5.73

@REHABILITATION FACILITY	25	101	\$	2,677.72	\$	26.51	.002	\$	107.11	\$	.06
HOSPITAL BASED	21	83		2,212.00		26.65	.002		105.33		.05
INDEPENDENT FACILITY	4	18		465.72		25.87	.000		116.43		.01
@LABORATORY FACILITY	2,465	10,688	\$	133,350.54	\$	12.48	.254	\$	54.10	\$	3.17
PATHOLOGY	2,452	10,674		133,211.41		12.48	.254		54.33		3.17
XO AND OTHERS	13	14		139.13		9.94	.000		10.70		.00
@ORGANIZED OUTPATIENT CLINIC	3,828	6,627	\$	1,018,787.17	\$	153.73	.158	\$	266.14	\$	24.26
CLINIC	261	626		15,125.84		24.16	.015		57.95		.36
SURGICENTER	90	403		19,233.02		47.72	.010		213.70		.46
HEROIN DETOX CLINIC	3	56		657.91		11.75	.001		219.30		.02
RURAL HEALTH CLINIC	3,510	5,542		983,770.40		177.51	.132		280.28		23.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 9,132
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED										AID CODE 60

						----- MONTHLY AVERAGE -----			
42,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	5,538	447,530	\$ 2,048,126.23	\$ 4.58	10.655	\$ 369.83	\$ 48.76		
DURABLE MED. EQUIP.	644	2,219	388,773.05	175.20	.053	603.68	9.26		
BLOOD BANK	1	10	148.00	14.80	.000	148.00	.00		
HEARING AID DISPENSERS	16	18	3,917.18	217.62	.000	244.82	.09		
MEDICAL TRANSPORTATION	1,016	61,827	257,279.73	4.16	1.472	253.23	6.13		
AMBULANCES/AIR TRANS	513	5,896	90,586.88	15.36	.140	176.58	2.16		
OTHER TRANS	470	55,132	153,542.24	2.78	1.313	326.69	3.66		
OTHER SERVICES	63	799	13,150.61	16.46	.019	208.74	.31		
ACUPUNCTURE	25	54	931.30	17.25	.001	37.25	.02		
ADULT DAY HEALTH CARE CTR	583	9,509	634,032.94	66.68	.226	1087.54	15.10		
GENETIC DISEASE TESTING	7	7	622.00	88.86	.000	88.86	.01		
IHMC,MODEL-NF,NF,AIDS,MSSP	140	5,868	218,724.91	37.27	.140	1562.32	5.21		
OCCUPATIONAL THERAPIST	21	267	1,801.85	6.75	.006	85.80	.04		
OPTICIAN	860	1,955	23,328.46	11.93	.047	27.13	.56		
PHYSICAL THERAPIST	31	360	4,365.64	12.13	.009	140.83	.10		
PORTABLE X-RAY	5	6	102.66	17.11	.000	20.53	.00		
PROSTHETIST/ORTHOTISTS	152	383	31,560.73	82.40	.009	207.64	.75		
PROSTHETICS	145	374	31,150.66	83.29	.009	214.83	.74		
ORTHOTICS	7	9	410.07	45.56	.000	58.58	.01		
PSYCHOLOGIST	7	15	610.86	40.72	.000	87.27	.01		
SPEECH AND AUDIOLOGY	810	3,394	139,154.83	41.00	.081	171.80	3.31		
HOSPICE SERVICES	24	700	93,000.46	132.86	.017	3875.02	2.21		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	469	38,136	105,302.74	2.76	.908	224.53	2.51		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	1,297	322,802	144,468.89	.45	7.685	111.39	3.44		
@CALIF. CHILDREN SERVICES*	607	15,586	\$ 913,526.71	\$ 58.61	.371	\$ 1504.99	\$ 21.75		
@XOVER EXCLUDING STATE HOSP**	4,051	27,118	\$ 510,685.91	\$ 18.83	.646	\$ 126.06	\$ 12.16		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,133
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PLACER COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G	

					----- MONTHLY AVERAGE -----			
49,220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	

@TOTAL, ALL PROVIDERS	22,991	104,560	\$	5,182,570.22	\$	49.57	2.124	\$	225.42	\$	105.29
@PHYSICIANS SERVICES	11,039	23,727	\$	943,984.65	\$	39.79	.482	\$	85.51	\$	19.18
OUTPATIENT VISITS	9,221	12,773		446,491.98		34.96	.260		48.42		9.07
OFFICE VISITS	6,719	8,816		278,113.12		31.55	.179		41.39		5.65
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2,087	2,423		106,767.07		44.06	.049		51.16		2.17
PREVENTIVE CARE	9	9		380.02		42.22	.000		42.22		.01
OB VISITS/COMPRE PERI	315	509		37,106.95		72.90	.010		117.80		.75
OTHER OUTPATIENT	854	1,016		24,124.82		23.74	.021		28.25		.49
INPATIENT VISITS	243	734		33,978.00		46.29	.015		139.83		.69
HOSPITAL VISITS	239	683		27,547.87		40.33	.014		115.26		.56
CRITICAL CARE	16	51		6,430.13		126.08	.001		401.88		.13
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	37	40		1,334.23		33.36	.001		36.06		.03
EXAMINATIONS	29	31		1,301.99		42.00	.001		44.90		.03
SERVICES AND MATERIALS	9	9		32.24		3.58	.000		3.58		.00
INPATIENT HOSPITAL SURGERY	270	1,156		162,076.62		140.20	.023		600.28		3.29
PRINCIPAL SURGEON	170	202		130,791.16		647.48	.004		769.36		2.66
ASSISTANT SURGEON	40	40		7,041.09		176.03	.001		176.03		.14
ANESTHESIOLOGIST	113	914		24,244.37		26.53	.019		214.55		.49
OUTPATIENT SURGERY	697	1,517		95,112.09		62.70	.031		136.46		1.93
PRINCIPAL SURGEON	569	671		73,115.65		108.97	.014		128.50		1.49
ASSISTANT SURGEON	5	5		465.62		93.12	.000		93.12		.01
ANESTHESIOLOGIST	169	841		21,530.82		25.60	.017		127.40		.44
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1,197	1,479		17,781.07		12.02	.030		14.85		.36
RADIOLOGY	1,876	2,636		120,533.22		45.73	.054		64.25		2.45
PSYCHIATRY	130	150		5,112.60		34.08	.003		39.33		.10
IMMUNIZATION AND INJECTION	255	692		14,031.39		20.28	.014		55.03		.29
OTHER SERVICES/ALL X-OVERS	796	2,550		47,533.45		18.64	.052		59.72		.97
@PHARMACY	10,717	25,443	\$	1,265,069.84	\$	49.72	.517	\$	118.04	\$	25.70
PRESCRIPTION DRUGS	10,659	23,954		1,246,640.67		52.04	.487		116.96		25.33
SNF/ICF	16	108		2,252.61		20.86	.002		140.79		.05
OUTPATIENTS	10,654	23,846		1,244,388.06		52.18	.484		116.80		25.28
MEDICAL SUPPLIES	214	1,489		18,429.17		12.38	.030		86.12		.37
@DENTIST	3,632	17,069	\$	619,585.34	\$	36.30	.347	\$	170.59	\$	12.59
VISITS - DIAGNOSTIC	2,543	10,736		160,421.06		14.94	.218		63.08		3.26
ORAL SURGERY	457	922		48,528.50		52.63	.019		106.19		.99
DRUGS	125	140		3,375.00		24.11	.003		27.00		.07
ANESTHESIA	18	18		1,600.00		88.89	.000		88.89		.03
PERIODONTICS	56	70		8,465.00		120.93	.001		151.16		.17
ENDODONTICS	333	642		102,297.25		159.34	.013		307.20		2.08
RESTORATIVE DENTISTRY	1,397	4,056		254,786.75		62.82	.082		182.38		5.18
PROSTHETICS	14	14		340.00		24.29	.000		24.29		.01
DENTURES, STAYPLATES	40	134		15,182.00		113.30	.003		379.55		.31
SPACE MAINTAINERS	38	47		5,611.00		119.38	.001		147.66		.11
MAXILLOFACIAL SERVICES	13	18		1,169.49		64.97	.000		89.96		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	148	187		16,974.29		90.77	.004		114.69		.34
ALL OTHER SERVICES	54	85		835.00		9.82	.002		15.46		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 9,134
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PLACER COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

----- MONTHLY AVERAGE -----

49,220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	686	1,950	\$	45,576.78	\$	23.37	.040	\$	66.44	\$.93
DIAGNOSTIC AND ANC. PROCED	530	536		24,668.76		46.02	.011		46.54		.50
EYE APPLIANCES	494	1,391		20,317.73		14.61	.028		41.13		.41
OTHER OPTOMETRIC SERVICES	22	23		590.29		25.66	.000		26.83		.01
@CHIROPRACTOR	78	112	\$	1,868.46	\$	16.68	.002	\$	23.95	\$	.04
VISITS	78	112		1,868.46		16.68	.002		23.95		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	68	114	\$	4,717.57	\$	41.38	.002	\$	69.38	\$	.10
MEDICINE/INJECTIONS	54	66		2,153.42		32.63	.001		39.88		.04
SURGERY/ANES.	13	16		1,219.29		76.21	.000		93.79		.02
RADIO./PATHOLOGY	11	13		230.58		17.74	.000		20.96		.00
OTHER	10	19		1,114.28		58.65	.000		111.43		.02
@HOME HEALTH AGENCY	13	36	\$	2,294.95	\$	63.75	.001	\$	176.53	\$	.05
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	4	\$	241.92	\$	60.48	.000	\$	80.64	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000	\$	75.17	\$	.00
@TOTAL HOSPITAL	3,996	14,615	\$	1,453,350.83	\$	99.44	.297	\$	363.70	\$	29.53
HOSP INPATIENT TOTAL	261	939		1,098,276.64		1169.62	.019		4207.96		22.31
HSC HOSPITALS	175	531		607,953.67		1144.92	.011		3474.02		12.35
NON-HSC HOSPITAL TOTAL	85	385		488,698.97		1269.35	.008		5749.40		9.93
ACCOMMODATIONS	85	385		209,599.65		544.41	.008		2465.88		4.26
ADMINISTRATIVE DAYS	1	2		480.78		240.39	.000		480.78		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	84	383		209,118.87		546.00	.008		2489.51		4.25
ANCILLARIES	85	0		279,099.32		.00	.000		3283.52		5.67
INPATIENT CROSSOVERS	2	23		1,624.00		70.61	.000		812.00		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,830	13,676		355,074.19		25.96	.278		92.71		7.21
MEDICAL	440	680		18,076.43		26.58	.014		41.08		.37
SURGERY	394	430		12,671.98		29.47	.009		32.16		.26
PATHOLOGY	1,203	4,453		47,143.92		10.59	.090		39.19		.96
RADIOLOGY	1,010	1,324		72,724.16		54.93	.027		72.00		1.48
ROOM USE	3,148	3,970		158,239.70		39.86	.081		50.27		3.21
CROSSOVERS/ALL OTH OUTPTNT	1,390	2,819		46,218.00		16.40	.057		33.25		.94
@COUNTY HOSPITAL TOTAL	14	33	\$	7,593.33	\$	230.10	.001	\$	542.38	\$	.15
CO HOSPITAL INPATIENT TOTAL	2	6		6,515.00		1085.83	.000		3257.50		.13
HSC HOSPITALS	2	6		6,515.00		1085.83	.000		3257.50		.13
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	27		1,078.33		39.94	.001		77.02		.02
MEDICAL	7	8		349.01		43.63	.000		49.86		.01
SURGERY	0	0		1.56		.00	.000		.00		.00
PATHOLOGY	1	0		.00		.00	.000		.00		.00
RADIOLOGY	3	2		229.95		114.98	.000		76.65		.00
ROOM USE	11	12		466.57		38.88	.000		42.42		.01
CROSSOVERS/ALL OTH OUTPTNT	6	5		31.24		6.25	.000		5.21		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
MOP024	FEE-FOR-SERVICE/DENTAL										
PLACER COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

49,220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,986	14,582	\$ 1,445,757.50	\$ 99.15	.296	\$ 362.71	\$ 29.37
COMM HOSP INPATIENT TOTAL	259	933	1,091,761.64	1170.16	.019	4215.30	22.18
HSC HOSPITALS	173	525	601,438.67	1145.60	.011	3476.52	12.22
NON-HSC HOSPITALS TOTAL	85	385	488,698.97	1269.35	.008	5749.40	9.93
ACCOMMODATIONS	85	385	209,599.65	544.41	.008	2465.88	4.26
ADMINISTRATIVE DAYS	1	2	480.78	240.39	.000	480.78	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	84	383	209,118.87	546.00	.008	2489.51	4.25
ANCILLARIES	85	0	279,099.32	.00	.000	3283.52	5.67
INPATIENT CROSSOVERS	2	23	1,624.00	70.61	.000	812.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,819	13,649	353,995.86	25.94	.277	92.69	7.19
MEDICAL	433	672	17,727.42	26.38	.014	40.94	.36
SURGERY	394	430	12,670.42	29.47	.009	32.16	.26
PATHOLOGY	1,202	4,453	47,143.92	10.59	.090	39.22	.96
RADIOLOGY	1,007	1,322	72,494.21	54.84	.027	71.99	1.47
ROOM USE	3,140	3,958	157,773.13	39.86	.080	50.25	3.21
CROSSOVERS/ALL OTH OUTPTNT	1,384	2,814	46,186.76	16.41	.057	33.37	.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 427.03	\$ 427.03	.000	\$ 427.03	\$.01
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	427.03	427.03	.000	427.03	.01
@REHABILITATION FACILITY	3	4	\$ 311.64	\$ 77.91	.000	\$ 103.88	\$.01
HOSPITAL BASED	3	4	311.64	77.91	.000	103.88	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,151	6,293	\$ 93,882.88	\$ 14.92	.128	\$ 43.65	\$ 1.91
PATHOLOGY	2,151	6,293	93,882.88	14.92	.128	43.65	1.91
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,623	5,436	\$ 625,413.26	\$ 115.05	.110	\$ 238.43	\$ 12.71
CLINIC	721	2,311	59,397.41	25.70	.047	82.38	1.21
SURGICENTER	63	385	13,081.49	33.98	.008	207.64	.27
HEROIN DETOX CLINIC	1	20	231.69	11.58	.000	231.69	.00
RURAL HEALTH CLINIC	1,874	2,720	552,702.67	203.20	.055	294.93	11.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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					----- MONTHLY AVERAGE -----			
49,220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,329	9,755	\$ 125,769.90	\$ 12.89	.198	\$ 54.00	\$ 2.56	
DURABLE MED. EQUIP.	112	185	8,109.95	43.84	.004	72.41	.16	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	222	3,300	43,762.61	13.26	.067	197.13	.89	
AMBULANCES/AIR TRANS	219	2,977	39,677.76	13.33	.060	181.18	.81	
OTHER TRANS	3	321	484.85	1.51	.007	161.62	.01	
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.07	
ACUPUNCTURE	4	10	162.20	16.22	.000	40.55	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	96	97	7,705.00	79.43	.002	80.26	.16	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	506	1,092	9,984.15	9.14	.022	19.73	.20	
PHYSICAL THERAPIST	3	59	732.97	12.42	.001	244.32	.01	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	47	79	4,908.87	62.14	.002	104.44	.10	
PROSTHETICS	44	74	4,602.18	62.19	.002	104.60	.09	
ORTHOTICS	3	5	306.69	61.34	.000	102.23	.01	
PSYCHOLOGIST	14	67	2,760.26	41.20	.001	197.16	.06	
SPEECH AND AUDIOLOGY	53	86	5,280.27	61.40	.002	99.63	.11	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1,311	4,757	41,569.24	8.74	.097	31.71	.84	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	4	23	794.38	34.54	.000	198.60	.02	
@CALIF. CHILDREN SERVICES*	182	1,664	\$ 236,064.46	\$ 141.87	.034	\$ 1297.06	\$ 4.80	
@XOVER EXCLUDING STATE HOSP**	18	51	\$ 3,056.85	\$ 59.94	.001	\$ 169.83	\$.06	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	101,082 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		61,170	1,186,225	\$ 31,311,626.90	\$ 26.40	11.735	\$ 511.88	\$ 309.76
@PHYSICIANS SERVICES		22,203	59,945	\$ 2,337,568.22	\$ 39.00	.593	\$ 105.28	\$ 23.13
OUTPATIENT VISITS		15,239	22,139	792,429.41	35.79	.219	52.00	7.84
OFFICE VISITS		11,215	15,294	490,451.47	32.07	.151	43.73	4.85
HOME VISITS		65	92	3,225.87	35.06	.001	49.63	.03
EMERGENCY ROOM		3,647	4,434	215,767.57	48.66	.044	59.16	2.13
PREVENTIVE CARE		9	9	380.02	42.22	.000	42.22	.00
OB VISITS/COMPRE PERI		333	545	39,320.51	72.15	.005	118.08	.39
OTHER OUTPATIENT		1,460	1,765	43,283.97	24.52	.017	29.65	.43
INPATIENT VISITS		817	3,567	169,810.94	47.61	.035	207.85	1.68
HOSPITAL VISITS		698	3,213	141,403.73	44.01	.032	202.58	1.40
CRITICAL CARE		63	188	23,037.78	122.54	.002	365.68	.23
SNF/ICF/TRANS IP CARE		116	166	5,369.43	32.35	.002	46.29	.05
OPHTHALMOLOGICAL SERVICES		167	195	7,998.97	41.02	.002	47.90	.08
EXAMINATIONS		158	184	7,903.21	42.95	.002	50.02	.08
SERVICES AND MATERIALS		11	11	95.76	8.71	.000	8.71	.00
INPATIENT HOSPITAL SURGERY		553	2,995	345,313.89	115.30	.030	624.44	3.42
PRINCIPAL SURGEON		390	605	272,813.42	450.93	.006	699.52	2.70
ASSISTANT SURGEON		79	84	16,388.99	195.11	.001	207.46	.16
ANESTHESIOLOGIST		223	2,306	56,111.48	24.33	.023	251.62	.56
OUTPATIENT SURGERY		1,425	3,313	243,857.52	73.61	.033	171.13	2.41
PRINCIPAL SURGEON		1,167	1,449	189,864.78	131.03	.014	162.69	1.88
ASSISTANT SURGEON		13	13	1,383.23	106.40	.000	106.40	.01
ANESTHESIOLOGIST		357	1,851	52,609.51	28.42	.018	147.37	.52
DIALYSIS		51	164	15,419.64	94.02	.002	302.35	.15
PATHOLOGY		1,930	2,781	40,987.02	14.74	.028	21.24	.41
RADIOLOGY		4,189	7,218	360,028.94	49.88	.071	85.95	3.56
PSYCHIATRY		243	272	9,334.93	34.32	.003	38.42	.09
IMMUNIZATION AND INJECTION		657	1,899	34,572.38	18.21	.019	52.62	.34
OTHER SERVICES/ALL X-OVERS		5,579	15,402	317,814.58	20.63	.152	56.97	3.14
@PHARMACY		43,228	321,568	\$ 13,654,644.75	\$ 42.46	3.181	\$ 315.88	\$ 135.08
PRESCRIPTION DRUGS		42,843	161,401	12,708,176.55	78.74	1.597	296.62	125.72
SNF/ICF		994	8,560	429,838.87	50.21	.085	432.43	4.25
OUTPATIENTS		42,098	152,841	12,278,337.68	80.33	1.512	291.66	121.47
MEDICAL SUPPLIES		2,608	160,167	946,468.20	5.91	1.585	362.91	9.36
@DENTIST		7,020	30,585	\$ 1,242,176.07	\$ 40.61	.303	\$ 176.95	\$ 12.29
VISITS - DIAGNOSTIC		4,723	18,935	275,125.93	14.53	.187	58.25	2.72
ORAL SURGERY		889	2,080	105,466.11	50.70	.021	118.63	1.04
DRUGS		141	159	3,752.50	23.60	.002	26.61	.04
ANESTHESIA		34	34	3,150.00	92.65	.000	92.65	.03
PERIODONTICS		222	291	41,600.00	142.96	.003	187.39	.41
ENDODONTICS		555	956	171,619.50	179.52	.009	309.22	1.70
RESTORATIVE DENTISTRY		2,469	6,623	485,500.25	73.31	.066	196.64	4.80
PROSTHETICS		46	47	1,265.00	26.91	.000	27.50	.01
DENTURES, STAYPLATES		414	976	120,409.50	123.37	.010	290.84	1.19
SPACE MAINTAINERS		38	47	5,611.00	119.38	.000	147.66	.06
MAXILLOFACIAL SERVICES		20	26	1,419.49	54.60	.000	70.97	.01
FRACTURES, DISLOCATIONS		0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES		200	273	26,221.79	96.05	.003	131.11	.26
ALL OTHER SERVICES		104	138	1,035.00	7.50	.001	9.95	.01

101,082 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,896	5,226	\$ 117,645.26	\$ 22.51	.052	\$ 62.05	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	1,036	1,046	48,121.25	46.01	.010	46.45	.48
EYE APPLIANCES	1,380	3,885	62,369.31	16.05	.038	45.20	.62
OTHER OPTOMETRIC SERVICES	219	295	7,154.70	24.25	.003	32.67	.07
@CHIROPRACTOR	297	506	\$ 8,246.28	\$ 16.30	.005	\$ 27.77	\$.08
VISITS	285	483	7,928.96	16.42	.005	27.82	.08
OTHER SERVICES	12	23	317.32	13.80	.000	26.44	.00
@PODIATRIST	550	1,023	\$ 18,122.96	\$ 17.72	.010	\$ 32.95	\$.18
MEDICINE/INJECTIONS	163	187	5,346.66	28.59	.002	32.80	.05
SURGERY/ANES.	24	30	1,765.51	58.85	.000	73.56	.02
RADIO./PATHOLOGY	15	17	299.78	17.63	.000	19.99	.00
OTHER	380	789	10,711.01	13.58	.008	28.19	.11
@HOME HEALTH AGENCY	233	8,507	\$ 333,894.23	\$ 39.25	.084	\$ 1433.02	\$ 3.30
NURSE ANESTHESIST	16	217	\$ 980.50	\$ 4.52	.002	\$ 61.28	\$.01
NURSE MIDWIFE	5	7	\$ 907.16	\$ 129.59	.000	\$ 181.43	\$.01
PEDIATRIC NURSE PRACTITIONER	1	2	\$ 56.03	\$ 28.02	.000	\$ 56.03	\$.00
FAMILY NURSE PRACTITIONER	28	45	\$ 1,161.72	\$ 25.82	.000	\$ 41.49	\$.01
@TOTAL HOSPITAL	9,194	49,935	\$ 6,294,278.09	\$ 126.05	.494	\$ 684.61	\$ 62.27
HOSP INPATIENT TOTAL	950	5,084	5,124,996.26	1008.06	.050	5394.73	50.70
HSC HOSPITALS	498	2,495	2,761,292.23	1106.73	.025	5544.76	27.32
NON-HSC HOSPITAL TOTAL	252	1,249	2,177,793.23	1743.63	.012	8642.04	21.54
ACCOMMODATIONS	252	1,249	754,507.43	604.09	.012	2994.08	7.46
ADMINISTRATIVE DAYS	15	103	23,779.44	230.87	.001	1585.30	.24
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00	.00
ALL OTHER ACCOM	239	1,146	730,702.82	637.61	.011	3057.33	7.23
ANCILLARIES	252	0	1,423,285.80	.00	.000	5647.96	14.08
INPATIENT CROSSOVERS	217	1,340	185,910.80	138.74	.013	856.73	1.84
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,576	44,851	1,169,281.83	26.07	.444	136.34	11.57
MEDICAL	1,288	2,014	76,926.58	38.20	.020	59.73	.76
SURGERY	751	819	57,694.71	70.45	.008	76.82	.57
PATHOLOGY	2,864	13,690	135,401.52	9.89	.135	47.28	1.34
RADIOLOGY	2,158	3,163	229,373.00	72.52	.031	106.29	2.27
ROOM USE	5,647	7,730	313,481.28	40.55	.076	55.51	3.10
CROSSOVERS/ALL OTH OUTPTNT	4,067	17,435	356,404.74	20.44	.172	87.63	3.53
@COUNTY HOSPITAL TOTAL	65	248	\$ 30,316.98	\$ 122.25	.002	\$ 466.42	\$.30
CO HOSPITAL INPATIENT TOTAL	5	24	23,532.48	980.52	.000	4706.50	.23
HSC HOSPITALS	5	24	23,532.48	980.52	.000	4706.50	.23
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	63	224	6,784.50	30.29	.002	107.69	.07
MEDICAL	23	28	1,205.39	43.05	.000	52.41	.01
SURGERY	1	2	234.21	117.11	.000	234.21	.00
PATHOLOGY	22	91	1,279.10	14.06	.001	58.14	.01

RADIOLOGY	5	5	475.72	95.14	.000	95.14	.00
ROOM USE	42	55	2,126.38	38.66	.001	50.63	.02
CROSSOVERS/ALL OTH OUTPTNT	21	43	1,463.70	34.04	.000	69.70	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	101,082 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,141	49,687	\$	6,263,961.11	\$ 126.07	.492	\$ 685.26	\$ 61.97
COMM HOSP INPATIENT TOTAL	945	5,060		5,101,463.78	1008.19	.050	5398.37	50.47
HSC HOSPITALS	493	2,471		2,737,759.75	1107.96	.024	5553.27	27.08
NON-HSC HOSPITALS TOTAL	252	1,249		2,177,793.23	1743.63	.012	8642.04	21.54
ACCOMMODATIONS	252	1,249		754,507.43	604.09	.012	2994.08	7.46
ADMINISTRATIVE DAYS	15	103		23,779.44	230.87	.001	1585.30	.24
TRANSITIONAL IP CARE	0	0		25.17	.00	.000	.00	.00
ALL OTHER ACCOM	239	1,146		730,702.82	637.61	.011	3057.33	7.23
ANCILLARIES	252	0		1,423,285.80	.00	.000	5647.96	14.08
INPATIENT CROSSOVERS	217	1,340		185,910.80	138.74	.013	856.73	1.84
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,524	44,627		1,162,497.33	26.05	.441	136.38	11.50
MEDICAL	1,267	1,986		75,721.19	38.13	.020	59.76	.75
SURGERY	750	817		57,460.50	70.33	.008	76.61	.57
PATHOLOGY	2,843	13,599		134,122.42	9.86	.135	47.18	1.33
RADIOLOGY	2,153	3,158		228,897.28	72.48	.031	106.32	2.26
ROOM USE	5,612	7,675		311,354.90	40.57	.076	55.48	3.08
CROSSOVERS/ALL OTH OUTPTNT	4,046	17,392		354,941.04	20.41	.172	87.73	3.51
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	547	14,829	\$	1,796,486.48	\$ 121.15	.147	\$ 3284.25	\$ 17.77
LEV A-INTERMEDIATE	9	249		15,781.79	63.38	.002	1753.53	.16
LEV B-REHAB MD	2	42		4,938.73	117.59	.000	2469.37	.05
LEV B-SUBACUTE FREESTANDING	2	30		9,841.50	328.05	.000	4920.75	.10
LEV B-SUBACUTE HSPTL BASED	1	31		16,709.31	539.01	.000	16709.31	.17
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	533	14,477		1,749,215.15	120.83	.143	3281.83	17.30
@INTERMEDIATE CARE FACIL.-DD	167	5,007	\$	805,398.76	\$ 160.85	.050	\$ 4822.75	\$ 7.97
ICF DDH	85	2,536		370,679.63	146.17	.025	4360.94	3.67
ICF DD	6	182		23,452.52	128.86	.002	3908.75	.23
ICF DDN/DDCN	76	2,289		411,266.61	179.67	.023	5411.40	4.07
@HEMODIALYSIS TOTAL	223	4,758	\$	269,378.16	\$ 56.62	.047	\$ 1207.97	\$ 2.66
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	223	4,758		269,378.16	56.62	.047	1207.97	2.66
@REHABILITATION FACILITY	30	110	\$	3,135.03	\$ 28.50	.001	\$ 104.50	\$.03
HOSPITAL BASED	24	87		2,544.36	29.25	.001	106.02	.03
INDEPENDENT FACILITY	6	23		590.67	25.68	.000	98.45	.01
@LABORATORY FACILITY	4,695	17,243	\$	230,183.25	\$ 13.35	.171	\$ 49.03	\$ 2.28
PATHOLOGY	4,677	17,222		230,019.36	13.36	.170	49.18	2.28
XO AND OTHERS	18	21		163.89	7.80	.000	9.11	.00
@ORGANIZED OUTPATIENT CLINIC	6,782	12,637	\$	1,713,577.80	\$ 135.60	.125	\$ 252.67	\$ 16.95
CLINIC	1,002	2,980		76,802.03	25.77	.029	76.65	.76
SURGICENTER	186	876		39,459.55	45.05	.009	212.15	.39
HEROIN DETOX CLINIC	4	76		889.60	11.71	.001	222.40	.01
RURAL HEALTH CLINIC	5,664	8,705		1,596,426.62	183.39	.086	281.85	15.79

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MOP024
PLACER COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT

01/17/03

101,082 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9,052	654,075	\$ 2,483,786.15	\$ 3.80	6.471	\$ 274.39	\$ 24.57
DURABLE MED. EQUIP.	806	2,579	425,654.99	165.05	.026	528.11	4.21
BLOOD BANK	1	10	148.00	14.80	.000	148.00	.00
HEARING AID DISPENSERS	28	35	6,522.18	186.35	.000	232.94	.06
MEDICAL TRANSPORTATION	1,425	86,516	362,277.71	4.19	.856	254.23	3.58
AMBULANCES/AIR TRANS	751	9,054	133,923.10	14.79	.090	178.33	1.32
OTHER TRANS	619	76,317	209,914.60	2.75	.755	339.12	2.08
OTHER SERVICES	91	1,145	18,440.01	16.10	.011	202.64	.18
ACUPUNCTURE	36	76	1,320.57	17.38	.001	36.68	.01
ADULT DAY HEALTH CARE CTR	673	10,652	710,474.05	66.70	.105	1055.68	7.03
GENETIC DISEASE TESTING	104	105	8,432.00	80.30	.001	81.08	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	198	6,334	248,242.92	39.19	.063	1253.75	2.46
OCCUPATIONAL THERAPIST	21	267	1,801.85	6.75	.003	85.80	.02
OPTICIAN	1,573	3,500	39,023.77	11.15	.035	24.81	.39
PHYSICAL THERAPIST	34	419	5,098.61	12.17	.004	149.96	.05
PORTABLE X-RAY	5	6	102.66	17.11	.000	20.53	.00
PROSTHETIST/ORTHOTISTS	220	510	38,575.24	75.64	.005	175.34	.38
PROSTHETICS	209	495	37,761.98	76.29	.005	180.68	.37
ORTHOTICS	11	15	813.26	54.22	.000	73.93	.01
PSYCHOLOGIST	22	83	3,413.61	41.13	.001	155.16	.03
SPEECH AND AUDIOLOGY	924	3,627	159,815.37	44.06	.036	172.96	1.58
HOSPICE SERVICES	30	855	109,669.14	128.27	.008	3655.64	1.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,817	48,928	165,023.23	3.37	.484	90.82	1.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,872	489,573		198,190.25		.40	4.843	105.87	1.96
@CALIF. CHILDREN SERVICES*	826	18,736	\$	1,177,249.74	\$	62.83	.185	\$ 1425.24	\$ 11.65
@XOVER EXCLUDING STATE HOSP**	5,948	36,043	\$	751,432.97	\$	20.85	.357	\$ 126.33	\$ 7.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 9,141

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	2,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,166	3,674	\$	201,349.80	\$ 54.80	1.561	\$ 172.68	\$ 85.54
@PHYSICIANS SERVICES	794	1,457	\$	50,398.27	\$ 34.59	.619	\$ 63.47	\$ 21.41
OUTPATIENT VISITS	675	977		31,203.98	31.94	.415	46.23	13.26
OFFICE VISITS	529	740		22,371.13	30.23	.314	42.29	9.50
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	160	188		7,522.20	40.01	.080	47.01	3.20
PREVENTIVE CARE	4	4		138.76	34.69	.002	34.69	.06
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	40	45		1,171.89	26.04	.019	29.30	.50
INPATIENT VISITS	39	108		6,846.06	63.39	.046	175.54	2.91
HOSPITAL VISITS	36	76		2,988.69	39.32	.032	83.02	1.27
CRITICAL CARE	6	32		3,857.37	120.54	.014	642.90	1.64
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3		124.77	41.59	.001	62.39	.05
EXAMINATIONS	2	3		124.77	41.59	.001	62.39	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	23		2,022.18	87.92	.010	505.55	.86
PRINCIPAL SURGEON	2	2		1,483.09	741.55	.001	741.55	.63
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	21		539.09	25.67	.009	269.55	.23
OUTPATIENT SURGERY	22	40		3,010.00	75.25	.017	136.82	1.28
PRINCIPAL SURGEON	17	19		2,230.25	117.38	.008	131.19	.95
ASSISTANT SURGEON	1	1		131.79	131.79	.000	131.79	.06
ANESTHESIOLOGIST	5	20		647.96	32.40	.008	129.59	.28
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	20	20		141.40	7.07	.008	7.07	.06
RADIOLOGY	87	116		1,981.43	17.08	.049	22.78	.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	10		221.83	22.18	.004	36.97	.09
OTHER SERVICES/ALL X-OVERS	87	160		4,846.62	30.29	.068	55.71	2.06
@PHARMACY	464	792	\$	32,479.57	\$ 41.01	.336	\$ 70.00	\$ 13.80
PRESCRIPTION DRUGS	455	767		31,856.73	41.53	.326	70.01	13.53
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	455	767		31,856.73	41.53	.326	70.01	13.53
MEDICAL SUPPLIES	18	25		622.84	24.91	.011	34.60	.26
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,142
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
2,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	391	\$ 12,332.54	\$ 31.54	.166	\$ 2466.51	\$ 5.24
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1	\$ 40.91	\$ 40.91	.000	\$ 40.91	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	257	688	\$ 85,663.06	\$ 124.51	.292	\$ 333.32	\$ 36.39
HOSP INPATIENT TOTAL	12	57	65,223.73	1144.28	.024	5435.31	27.71
HSC HOSPITALS	7	40	48,175.00	1204.38	.017	6882.14	20.47
NON-HSC HOSPITAL TOTAL	5	17	17,048.73	1002.87	.007	3409.75	7.24
ACCOMMODATIONS	5	17	9,639.65	567.04	.007	1927.93	4.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	17	9,639.65	567.04	.007	1927.93	4.10
ANCILLARIES	5	0	7,409.08	.00	.000	1481.82	3.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	246	631	20,439.33	32.39	.268	83.09	8.68
MEDICAL	38	50	1,378.49	27.57	.021	36.28	.59
SURGERY	9	10	604.01	60.40	.004	67.11	.26
PATHOLOGY	61	163	1,617.42	9.92	.069	26.52	.69
RADIOLOGY	57	64	2,418.40	37.79	.027	42.43	1.03
ROOM USE	203	239	9,174.07	38.39	.102	45.19	3.90
CROSSOVERS/ALL OTH OUTPTNT	70	105	5,246.94	49.97	.045	74.96	2.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

						----- MONTHLY AVERAGE -----	
2,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	257	688	\$ 85,663.06	\$ 124.51	.292	\$ 333.32	\$ 36.39
COMM HOSP INPATIENT TOTAL	12	57	65,223.73	1144.28	.024	5435.31	27.71
HSC HOSPITALS	7	40	48,175.00	1204.38	.017	6882.14	20.47
NON-HSC HOSPITALS TOTAL	5	17	17,048.73	1002.87	.007	3409.75	7.24
ACCOMMODATIONS	5	17	9,639.65	567.04	.007	1927.93	4.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	17	9,639.65	567.04	.007	1927.93	4.10
ANCILLARIES	5	0	7,409.08	.00	.000	1481.82	3.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	246	631	20,439.33	32.39	.268	83.09	8.68
MEDICAL	38	50	1,378.49	27.57	.021	36.28	.59
SURGERY	9	10	604.01	60.40	.004	67.11	.26
PATHOLOGY	61	163	1,617.42	9.92	.069	26.52	.69
RADIOLOGY	57	64	2,418.40	37.79	.027	42.43	1.03
ROOM USE	203	239	9,174.07	38.39	.102	45.19	3.90
CROSSOVERS/ALL OTH OUTPTNT	70	105	5,246.94	49.97	.045	74.96	2.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$ 168.00	\$ 56.00	.001	\$ 84.00	\$.07
HOSPITAL BASED	2	3	168.00	56.00	.001	84.00	.07
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	40	79	\$ 778.36	\$ 9.85	.034	\$ 19.46	\$.33
PATHOLOGY	40	79	778.36	9.85	.034	19.46	.33
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	75	105	\$	14,826.95	\$	141.21	.045	\$	197.69	\$	6.30
CLINIC	27	28		487.92		17.43	.012		18.07		.21
SURGICENTER	2	8		237.21		29.65	.003		118.61		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	47	69		14,101.82		204.37	.029		300.04		5.99

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

2,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	158	\$ 4,662.14	\$ 29.51	.067	\$ 179.31	\$ 1.98
DURABLE MED. EQUIP.	8	10	681.10	68.11	.004	85.14	.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	136	3,367.93	24.76	.058	336.79	1.43
AMBULANCES/AIR TRANS	9	135	1,567.93	11.61	.057	174.21	.67
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.76
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	8	8	412.00	51.50	.003	51.50	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4	201.11	50.28	.002	201.11	.09
@CALIF. CHILDREN SERVICES*	39	179	\$ 35,558.03	\$ 198.65	.076	\$ 911.74	\$ 15.11
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,145
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

2,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,484	15,608	\$ 1,663,909.80	\$ 106.61	5.347	\$ 669.85	\$ 570.03
@PHYSICIANS SERVICES	1,586	4,984	\$ 418,147.59	\$ 83.90	1.707	\$ 263.65	\$ 143.25
OUTPATIENT VISITS	895	1,518	96,523.92	63.59	.520	107.85	33.07
OFFICE VISITS	273	333	14,235.83	42.75	.114	52.15	4.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	147	165	9,142.78	55.41	.057	62.20	3.13

PREVENTIVE CARE	2	2		69.38	34.69	.001	34.69	.02
OB VISITS/COMPRE PERI	584	1,008		72,783.53	72.21	.345	124.63	24.93
OTHER OUTPATIENT	9	10		292.40	29.24	.003	32.49	.10
INPATIENT VISITS	215	543		32,975.78	60.73	.186	153.38	11.30
HOSPITAL VISITS	206	414		18,266.95	44.12	.142	88.67	6.26
CRITICAL CARE	16	129		14,708.83	114.02	.044	919.30	5.04
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2		83.38	41.69	.001	83.38	.03
EXAMINATIONS	1	2		83.38	41.69	.001	83.38	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	357	1,429		215,984.91	151.14	.490	605.00	73.99
PRINCIPAL SURGEON	233	240		181,717.90	757.16	.082	779.91	62.25
ASSISTANT SURGEON	45	45		8,021.82	178.26	.015	178.26	2.75
ANESTHESIOLOGIST	128	1,144		26,245.19	22.94	.392	205.04	8.99
OUTPATIENT SURGERY	151	283		21,200.09	74.91	.097	140.40	7.26
PRINCIPAL SURGEON	129	172		17,700.18	102.91	.059	137.21	6.06
ASSISTANT SURGEON	4	4		606.41	151.60	.001	151.60	.21
ANESTHESIOLOGIST	38	107		2,893.50	27.04	.037	76.14	.99
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	240	329		5,917.63	17.99	.113	24.66	2.03
RADIOLOGY	480	586		33,680.14	57.47	.201	70.17	11.54
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	55	113		3,168.08	28.04	.039	57.60	1.09
OTHER SERVICES/ALL X-OVERS	108	181		8,613.66	47.59	.062	79.76	2.95
@PHARMACY	626	1,306	\$	41,495.54	\$ 31.77	.447	\$ 66.29	\$ 14.22
PRESCRIPTION DRUGS	617	1,183		32,397.19	27.39	.405	52.51	11.10
SNF/ICF	1	3		65.95	21.98	.001	65.95	.02
OUTPATIENTS	616	1,180		32,331.24	27.40	.404	52.49	11.08
MEDICAL SUPPLIES	55	123		9,098.35	73.97	.042	165.42	3.12
@DENTIST	7	24	\$	139.00	\$ 5.79	.008	\$ 19.86	\$.05
VISITS - DIAGNOSTIC	7	21		94.00	4.48	.007	13.43	.03
ORAL SURGERY	1	3		45.00	15.00	.001	45.00	.02

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,146
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						
					----- MONTHLY AVERAGE -----		
2,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	20	50 \$	2,884.59	\$ 57.69	.017	\$ 144.23	\$.99
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	28	178 \$	10,766.82	\$ 60.49	.061	\$ 384.53	\$ 3.69
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	796	5,068 \$	1,036,063.09	\$ 204.43	1.736	\$ 1301.59	\$ 354.94
HOSP INPATIENT TOTAL	250	865	970,163.64	1121.58	.296	3880.65	332.36
HSC HOSPITALS	156	428	495,023.25	1156.60	.147	3173.23	169.59
NON-HSC HOSPITAL TOTAL	93	436	474,991.87	1089.43	.149	5107.44	162.72
ACCOMMODATIONS	93	436	196,706.55	451.16	.149	2115.12	67.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	93	436	196,706.55	451.16	.149	2115.12	67.39
ANCILLARIES	93	0	278,285.32	.00	.000	2992.32	95.34
INPATIENT CROSSOVERS	1	1	148.52	148.52	.000	148.52	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	632	4,203	65,899.45	15.68	1.440	104.27	22.58
MEDICAL	32	35	1,020.22	29.15	.012	31.88	.35
SURGERY	79	109	3,788.49	34.76	.037	47.96	1.30
PATHOLOGY	363	1,509	15,425.73	10.22	.517	42.50	5.28
RADIOLOGY	129	148	9,406.90	63.56	.051	72.92	3.22
ROOM USE	332	587	20,859.51	35.54	.201	62.83	7.15
CROSSOVERS/ALL OTH OUTPTNT	274	1,815	15,398.60	8.48	.622	56.20	5.28
@COUNTY HOSPITAL TOTAL	0	0 \$	8.06	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	8.06	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	8.06	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	2,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	796	5,068	\$	1,036,055.03	\$ 204.43	1.736	\$ 1301.58	\$ 354.93
COMM HOSP INPATIENT TOTAL	250	865		970,163.64	1121.58	.296	3880.65	332.36
HSC HOSPITALS	156	428		495,023.25	1156.60	.147	3173.23	169.59
NON-HSC HOSPITALS TOTAL	93	436		474,991.87	1089.43	.149	5107.44	162.72
ACCOMMODATIONS	93	436		196,706.55	451.16	.149	2115.12	67.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	93	436		196,706.55	451.16	.149	2115.12	67.39
ANCILLARIES	93	0		278,285.32	.00	.000	2992.32	95.34
INPATIENT CROSSOVERS	1	1		148.52	148.52	.000	148.52	.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	632	4,203		65,891.39	15.68	1.440	104.26	22.57
MEDICAL	32	35		1,020.22	29.15	.012	31.88	.35
SURGERY	79	109		3,788.49	34.76	.037	47.96	1.30
PATHOLOGY	363	1,509		15,425.73	10.22	.517	42.50	5.28
RADIOLOGY	129	148		9,406.90	63.56	.051	72.92	3.22
ROOM USE	332	587		20,851.45	35.52	.201	62.81	7.14
CROSSOVERS/ALL OTH OUTPTNT	274	1,815		15,398.60	8.48	.622	56.20	5.28
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	764	2,054	\$	32,132.01	\$	15.64	.704	\$	42.06	\$	11.01
PATHOLOGY	764	2,054		32,132.01		15.64	.704		42.06		11.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	343	1,449	\$	99,983.71	\$	69.00	.496	\$	291.50	\$	34.25
CLINIC	201	1,092		34,363.35		31.47	.374		170.96		11.77
SURGICENTER	5	28		972.16		34.72	.010		194.43		.33
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	137	329		64,648.20		196.50	.113		471.88		22.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 9,148
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	2,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	224	495	\$	22,297.45	\$ 45.05	.170	\$ 99.54	\$ 7.64
DURABLE MED. EQUIP.	1	1		100.00	100.00	.000	100.00	.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	284		2,935.30	10.34	.097	172.66	1.01
AMBULANCES/AIR TRANS	16	226		2,827.20	12.51	.077	176.70	.97
OTHER TRANS	1	58		108.10	1.86	.020	108.10	.04
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	202	203		18,230.50	89.81	.070	90.25	6.25
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3		160.89	53.63	.001	80.45	.06
PROSTHETICS	1	2		72.20	36.10	.001	72.20	.02
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		850.00	850.00	.000	850.00	.29
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	3		20.76	6.92	.001	20.76	.01
@CALIF. CHILDREN SERVICES*	9	93	\$	40,014.76	\$ 430.27	.032	\$ 4446.08	\$ 13.71
@XOVER EXCLUDING STATE HOSP**	1	0	\$	148.52	\$.00	.000	\$ 148.52	\$.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 9,149
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	24	62	\$	2,003.69	\$	32.32	1.192	\$	83.49	\$	38.53
@PHYSICIANS SERVICES	10	18	\$	870.85	\$	48.38	.346	\$	87.09	\$	16.75
OUTPATIENT VISITS	5	5		170.36		34.07	.096		34.07		3.28
OFFICE VISITS	3	3		85.50		28.50	.058		28.50		1.64
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		24.38		24.38	.019		24.38		.47
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		60.48		60.48	.019		60.48		1.16
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		1.30		.00	.000		.00		.03
HOSPITAL VISITS	0	0		1.30		.00	.000		.00		.03
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		127.36		.00	.000		.00		2.45
PRINCIPAL SURGEON	0	0		127.36		.00	.000		.00		2.45
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	3	7		408.36		58.34	.135		136.12		7.85
PRINCIPAL SURGEON	2	2		262.38		131.19	.038		131.19		5.05
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		145.98		29.20	.096		145.98		2.81
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	5		104.44		20.89	.096		34.81		2.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		59.03		59.03	.019		59.03		1.14
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	5	8	\$	335.77	\$	41.97	.154	\$	67.15	\$	6.46
PRESCRIPTION DRUGS	5	8		335.77		41.97	.154		67.15		6.46
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	5	8		335.77		41.97	.154		67.15		6.46
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,150
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

52 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----

UNITS/DAYS
PER ELIG

COST PER
USER

COST PER
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	19	\$	413.32	\$	21.75	.365	\$	103.33	\$	7.95
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	19		413.32		21.75	.365		103.33		7.95
MEDICAL	0	0		14.31		.00	.000		.00		.28
SURGERY	1	1		45.70		45.70	.019		45.70		.88
PATHOLOGY	1	5		43.29		8.66	.096		43.29		.83

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	201.11	67.04	.058	100.56	3.87
CROSSOVERS/ALL OTH OUTPTNT	3	10	108.91	10.89	.192	36.30	2.09
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,151
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	19	\$ 413.32	\$ 21.75	.365	\$ 103.33	\$ 7.95
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	19	413.32	21.75	.365	103.33	7.95
MEDICAL	0	0	14.31	.00	.000	.00	.28
SURGERY	1	1	45.70	45.70	.019	45.70	.88
PATHOLOGY	1	5	43.29	8.66	.096	43.29	.83
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	201.11	67.04	.058	100.56	3.87
CROSSOVERS/ALL OTH OUTPTNT	3	10	108.91	10.89	.192	36.30	2.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.000		.00		.00
ICF DD	0	0		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00		.00
@LABORATORY FACILITY	6	9	\$	186.04	\$	20.67	\$	31.01	\$	3.58
PATHOLOGY	6	9		186.04		20.67		31.01		3.58
XO AND OTHERS	0	0		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$	197.71	\$	24.71	\$	98.86	\$	3.80
CLINIC	2	8		197.71		24.71		98.86		3.80
SURGICENTER	0	0		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									
MOP024	FEE-FOR-SERVICE/DENTAL									
PLACER COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM									
	AID CODE 76									

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52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
5,325 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,674	19,344	\$ 1,867,263.29	\$ 96.53	3.633	\$ 508.24	\$ 350.66	
@PHYSICIANS SERVICES	2,390	6,459	\$ 469,416.71	\$ 72.68	1.213	\$ 196.41	\$ 88.15	
OUTPATIENT VISITS	1,575	2,500	127,898.26	51.16	.469	81.21	24.02	
OFFICE VISITS	805	1,076	36,692.46	34.10	.202	45.58	6.89	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	308	354	16,689.36	47.15	.066	54.19	3.13	
PREVENTIVE CARE	6	6	208.14	34.69	.001	34.69	.04	
OB VISITS/COMPRE PERI	585	1,009	72,844.01	72.19	.189	124.52	13.68	
OTHER OUTPATIENT	49	55	1,464.29	26.62	.010	29.88	.27	
INPATIENT VISITS	254	651	39,823.14	61.17	.122	156.78	7.48	
HOSPITAL VISITS	242	490	21,256.94	43.38	.092	87.84	3.99	
CRITICAL CARE	22	161	18,566.20	115.32	.030	843.92	3.49	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	5	208.15	41.63	.001	69.38	.04	
EXAMINATIONS	3	5	208.15	41.63	.001	69.38	.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	361	1,452	218,134.45	150.23	.273	604.25	40.96	
PRINCIPAL SURGEON	235	242	183,328.35	757.56	.045	780.12	34.43	
ASSISTANT SURGEON	45	45	8,021.82	178.26	.008	178.26	1.51	
ANESTHESIOLOGIST	130	1,165	26,784.28	22.99	.219	206.03	5.03	
OUTPATIENT SURGERY	176	330	24,618.45	74.60	.062	139.88	4.62	
PRINCIPAL SURGEON	148	193	20,192.81	104.63	.036	136.44	3.79	
ASSISTANT SURGEON	5	5	738.20	147.64	.001	147.64	.14	
ANESTHESIOLOGIST	44	132	3,687.44	27.94	.025	83.81	.69	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	263	354	6,163.47	17.41	.066	23.44	1.16	
RADIOLOGY	567	702	35,661.57	50.80	.132	62.90	6.70	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	62	124	3,448.94	27.81	.023	55.63	.65	
OTHER SERVICES/ALL X-OVERS	195	341	13,460.28	39.47	.064	69.03	2.53	
@PHARMACY	1,095	2,106	\$ 74,310.88	\$ 35.29	.395	\$ 67.86	\$ 13.96	
PRESCRIPTION DRUGS	1,077	1,958	64,589.69	32.99	.368	59.97	12.13	
SNF/ICF	1	3	65.95	21.98	.001	65.95	.01	
OUTPATIENTS	1,076	1,955	64,523.74	33.00	.367	59.97	12.12	
MEDICAL SUPPLIES	73	148	9,721.19	65.68	.028	133.17	1.83	
@DENTIST	7	24	\$ 139.00	\$ 5.79	.005	\$ 19.86	\$.03	
VISITS - DIAGNOSTIC	7	21	94.00	4.48	.004	13.43	.02	
ORAL SURGERY	1	3	45.00	15.00	.001	45.00	.01	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

5,325 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	25	441	\$ 15,217.13	\$ 34.51	.083	\$ 608.69	\$ 2.86
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	29	179	\$ 10,807.73	\$ 60.38	.034	\$ 372.68	\$ 2.03
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,057	5,775	\$ 1,122,139.47	\$ 194.31	1.085	\$ 1061.63	\$ 210.73
HOSP INPATIENT TOTAL	262	922	1,035,387.37	1122.98	.173	3951.86	194.44
HSC HOSPITALS	163	468	543,198.25	1160.68	.088	3332.50	102.01
NON-HSC HOSPITAL TOTAL	98	453	492,040.60	1086.18	.085	5020.82	92.40
ACCOMMODATIONS	98	453	206,346.20	455.51	.085	2105.57	38.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	453	206,346.20	455.51	.085	2105.57	38.75
ANCILLARIES	98	0	285,694.40	.00	.000	2915.25	53.65
INPATIENT CROSSOVERS	1	1	148.52	148.52	.000	148.52	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	882	4,853	86,752.10	17.88	.911	98.36	16.29
MEDICAL	70	85	2,413.02	28.39	.016	34.47	.45
SURGERY	89	120	4,438.20	36.99	.023	49.87	.83
PATHOLOGY	425	1,677	17,086.44	10.19	.315	40.20	3.21
RADIOLOGY	186	212	11,825.30	55.78	.040	63.58	2.22
ROOM USE	537	829	30,234.69	36.47	.156	56.30	5.68
CROSSOVERS/ALL OTH OUTPTNT	347	1,930	20,754.45	10.75	.362	59.81	3.90
@COUNTY HOSPITAL TOTAL	0	0	\$ 8.06	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	8.06	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	8.06	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,155
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,325 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,057	5,775	\$ 1,122,131.41	\$ 194.31	1.085	\$ 1061.62	\$ 210.73
COMM HOSP INPATIENT TOTAL	262	922	1,035,387.37	1122.98	.173	3951.86	194.44
HSC HOSPITALS	163	468	543,198.25	1160.68	.088	3332.50	102.01
NON-HSC HOSPITALS TOTAL	98	453	492,040.60	1086.18	.085	5020.82	92.40
ACCOMMODATIONS	98	453	206,346.20	455.51	.085	2105.57	38.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	453	206,346.20	455.51	.085	2105.57	38.75
ANCILLARIES	98	0	285,694.40	.00	.000	2915.25	53.65
INPATIENT CROSSOVERS	1	1	148.52	148.52	.000	148.52	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	882	4,853	86,744.04	17.87	.911	98.35	16.29
MEDICAL	70	85	2,413.02	28.39	.016	34.47	.45
SURGERY	89	120	4,438.20	36.99	.023	49.87	.83
PATHOLOGY	425	1,677	17,086.44	10.19	.315	40.20	3.21
RADIOLOGY	186	212	11,825.30	55.78	.040	63.58	2.22
ROOM USE	537	829	30,226.63	36.46	.156	56.29	5.68
CROSSOVERS/ALL OTH OUTPTNT	347	1,930	20,754.45	10.75	.362	59.81	3.90
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$ 168.00	\$ 56.00	.001	\$ 84.00	\$.03
HOSPITAL BASED	2	3	168.00	56.00	.001	84.00	.03
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	810	2,142	\$ 33,096.41	\$ 15.45	.402	\$ 40.86	\$ 6.22
PATHOLOGY	810	2,142	33,096.41	15.45	.402	40.86	6.22
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	420	1,562	\$ 115,008.37	\$ 73.63	.293	\$ 273.83	\$ 21.60
CLINIC	230	1,128	35,048.98	31.07	.212	152.39	6.58
SURGICENTER	7	36	1,209.37	33.59	.007	172.77	.23
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	184	398	78,750.02	197.86	.075	427.99	14.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76						

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5,325 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	250	653	\$ 26,959.59	\$ 41.29	.123	\$ 107.84	\$ 5.06
DURABLE MED. EQUIP.	9	11	781.10	71.01	.002	86.79	.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	27	420	6,303.23	15.01	.079	233.45	1.18
AMBULANCES/AIR TRANS	25	361	4,395.13	12.17	.068	175.81	.83
OTHER TRANS	1	58	108.10	1.86	.011	108.10	.02
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.34
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	210	211	18,642.50	88.35	.040	88.77	3.50
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	160.89	53.63	.001	80.45	.03
PROSTHETICS	1	2	72.20	36.10	.000	72.20	.01
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	850.00	850.00	.000	850.00	.16
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2	7		221.87		31.70	.001	110.94	.04
@CALIF. CHILDREN SERVICES*	48	272	\$	75,572.79	\$	277.84	.051	\$ 1574.43	\$ 14.19
@XOVER EXCLUDING STATE HOSP**	1	0	\$	148.52	\$	.00	.000	\$ 148.52	\$.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,157
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED	AID CODE 16	

1,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,003	21,578	\$ 389,416.84	\$ 18.05	17.332	\$ 388.25	\$ 312.78
@PHYSICIANS SERVICES	177	466	\$ 7,021.31	\$ 15.07	.374	\$ 39.67	\$ 5.64
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	25.98	25.98	.001	25.98	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	177	465	6,995.33	15.04	.373	39.52	5.62
@PHARMACY	936	13,083	\$ 273,027.52	\$ 20.87	10.508	\$ 291.70	\$ 219.30
PRESCRIPTION DRUGS	931	4,229	260,854.12	61.68	3.397	280.19	209.52
SNF/ICF	15	88	3,195.59	36.31	.071	213.04	2.57
OUTPATIENTS	920	4,141	257,658.53	62.22	3.326	280.06	206.95
MEDICAL SUPPLIES	104	8,854	12,173.40	1.37	7.112	117.05	9.78
@DENTIST	41	137	\$ 5,326.38	\$ 38.88	.110	\$ 129.91	\$ 4.28
VISITS - DIAGNOSTIC	29	99	1,435.38	14.50	.080	49.50	1.15
ORAL SURGERY	4	5	343.00	68.60	.004	85.75	.28
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	4	190.00	47.50	.003	190.00	.15
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	12	17	1,963.00	115.47	.014	163.58	1.58
PROSTHETICS	1	1	.00	.00	.001	.00	.00

DENTURES, STAYPLATES	7	11	1,395.00	126.82	.009	199.29	1.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 9,158	
MOP024	FEE-FOR-SERVICE/DENTAL					01/17/03	
PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED					AID CODE 16	
					----- MONTHLY AVERAGE -----		
1,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	64 \$	1,285.57	\$ 20.09	.051	\$ 47.61	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	6	6	233.40	38.90	.005	38.90	.19
EYE APPLIANCES	16	42	728.33	17.34	.034	45.52	.59
OTHER OPTOMETRIC SERVICES	9	16	323.84	20.24	.013	35.98	.26
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	15 \$	217.09	\$ 14.47	.012	\$ 15.51	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	14	15	217.09	14.47	.012	15.51	.17
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	67	468 \$	18,582.36	\$ 39.71	.376	\$ 277.35	\$ 14.93
HOSP INPATIENT TOTAL	16	100	12,082.65	120.83	.080	755.17	9.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	100	12,082.65	120.83	.080	755.17	9.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	53	368	6,499.71	17.66	.296	122.64	5.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	53	368	6,499.71	17.66	.296	122.64	5.22
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,159
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	67	468	\$ 18,582.36	\$ 39.71	.376	\$ 277.35	\$ 14.93
COMM HOSP INPATIENT TOTAL	16	100	12,082.65	120.83	.080	755.17	9.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	100	12,082.65	120.83	.080	755.17	9.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	53	368	6,499.71	17.66	.296	122.64	5.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	53	368	6,499.71	17.66	.296	122.64	5.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	189	\$ 25,369.59	\$ 134.23	.152	\$ 2114.13	\$ 20.38
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	189	25,369.59	134.23	.152	2114.13	20.38
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

UNORGANIZED OUTPATIENT CLINIC	40	61	\$	7,888.28	\$	129.32	.049	\$	197.21	\$	6.34
CLINIC	1	1		18.41		18.41	.001		18.41		.01
SURGICENTER	8	10		1,275.34		127.53	.008		159.42		1.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	50		6,594.53		131.89	.040		212.73		5.30

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,160
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	202	7,095	\$ 50,698.74	\$ 7.15	5.699	\$ 250.98	\$ 40.72
DURABLE MED. EQUIP.	8	20	454.93	22.75	.016	56.87	.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	8	1,316.91	164.61	.006	329.23	1.06
MEDICAL TRANSPORTATION	40	5,736	11,581.94	2.02	4.607	289.55	9.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	39	5,728	11,501.58	2.01	4.601	294.91	9.24
OTHER SERVICES	1	8	80.36	10.05	.006	80.36	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	32	208	13,905.28	66.85	.167	434.54	11.17
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	20	296	15,178.88	51.28	.238	758.94	12.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	48	693.91	14.46	.039	31.54	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	3	99.80	33.27	.002	24.95	.08
PROSTHETICS	4	3	99.80	33.27	.002	24.95	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	14	21	877.87	41.80	.017	62.71	.71

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	93	755	6,589.22	8.73	.606	70.85	5.29
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	320	1,273	\$ 41,152.19	\$ 32.33	1.022	\$ 128.60	\$ 33.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,161
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36	258	\$ 14,356.22	\$ 55.64	6.973	\$ 398.78	\$ 388.01
@PHYSICIANS SERVICES	7	10	\$ 41.37	\$ 4.14	.270	\$ 5.91	\$ 1.12
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	10	41.37	4.14	.270	5.91	1.12
@PHARMACY	34	224	\$ 12,618.05	\$ 56.33	6.054	\$ 371.12	\$ 341.03
PRESCRIPTION DRUGS	34	224	12,618.05	56.33	6.054	371.12	341.03
SNF/ICF	1	42	1,016.10	24.19	1.135	1016.10	27.46
OUTPATIENTS	33	182	11,601.95	63.75	4.919	351.57	313.57
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	8	\$ 243.00	\$ 30.38	.216	\$ 121.50	\$ 6.57
VISITS - DIAGNOSTIC	2	6	138.00	23.00	.162	69.00	3.73
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	105.00	52.50	.054	52.50	2.84
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	3 \$	312.51	\$ 104.17	.081	\$ 156.26	\$ 8.45
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.027	75.11	2.03
EYE APPLIANCES	2	2	237.40	118.70	.054	118.70	6.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	2 \$	10.62	\$ 5.31	.054	\$ 10.62	\$.29
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2	10.62	5.31	.054	10.62	.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	10.62	5.31	.054	10.62	.29
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$	10.62	\$ 5.31	.054	\$ 10.62	\$.29
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2		10.62	5.31	.054	10.62	.29
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		10.62	5.31	.054	10.62	.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$	1,104.59	\$	122.73	.243	\$	157.80	\$	29.85
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	9		1,104.59		122.73	.243		157.80		29.85

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,164
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

						----- MONTHLY AVERAGE -----		
37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1	2	\$ 26.08	\$ 13.04	.054	\$ 26.08	\$.70	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1	2	26.08	13.04	.054	26.08	.70	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	8	12	\$ 51.99	\$ 4.33	.324	\$ 6.50	\$ 1.41	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,165
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C	

					----- MONTHLY AVERAGE -----		
1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	857	10,009	\$	423,837.35	\$	42.35	9.813	\$	494.56	\$	415.53
@PHYSICIANS SERVICES	132	361	\$	6,133.56	\$	16.99	.354	\$	46.47	\$	6.01
OUTPATIENT VISITS	11	14		637.87		45.56	.014		57.99		.63
OFFICE VISITS	10	12		319.52		26.63	.012		31.95		.31
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.001		68.35		.07
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		250.00		250.00	.001		250.00		.25
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	4		164.08		41.02	.004		82.04		.16
HOSPITAL VISITS	2	4		164.08		41.02	.004		82.04		.16
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		62.78		62.78	.001		62.78		.06
PRINCIPAL SURGEON	1	1		62.78		62.78	.001		62.78		.06
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	7	22		864.82		39.31	.022		123.55		.85
PRINCIPAL SURGEON	2	2		344.05		172.03	.002		172.03		.34
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	20		520.77		26.04	.020		104.15		.51
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		5.60		2.80	.002		2.80		.01
RADIOLOGY	8	11		634.62		57.69	.011		79.33		.62
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	110	307		3,763.79		12.26	.301		34.22		3.69
@PHARMACY	769	4,636	\$	329,115.34	\$	70.99	4.545	\$	427.98	\$	322.66
PRESCRIPTION DRUGS	768	3,474		315,234.19		90.74	3.406		410.46		309.05

SNF/ICF	18	312		15,267.41	48.93	.306	848.19	14.97
OUTPATIENTS	755	3,162		299,966.78	94.87	3.100	397.31	294.09
MEDICAL SUPPLIES	51	1,162		13,881.15	11.95	1.139	272.18	13.61
@DENTIST	111	483	\$	21,255.35	\$ 44.01	.474	\$ 191.49	\$ 20.84
VISITS - DIAGNOSTIC	81	295		4,046.35	13.72	.289	49.95	3.97
ORAL SURGERY	12	55		2,622.00	47.67	.054	218.50	2.57
DRUGS	1	1		25.00	25.00	.001	25.00	.02
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	11	16		2,055.00	128.44	.016	186.82	2.01
ENDODONTICS	10	12		2,355.00	196.25	.012	235.50	2.31
RESTORATIVE DENTISTRY	35	76		6,832.00	89.89	.075	195.20	6.70
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	27		3,320.00	122.96	.026	415.00	3.25
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,166
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	73	\$ 1,414.49	\$ 19.38	.072	\$ 50.52	\$ 1.39
DIAGNOSTIC AND ANC. PROCED	9	9	375.75	41.75	.009	41.75	.37
EYE APPLIANCES	20	53	903.88	17.05	.052	45.19	.89
OTHER OPTOMETRIC SERVICES	5	11	134.86	12.26	.011	26.97	.13
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$.02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.001	16.72	.02
@PODIATRIST	20	42	\$ 1,191.21	\$ 28.36	.041	\$ 59.56	\$ 1.17
MEDICINE/INJECTIONS	2	3	64.20	21.40	.003	32.10	.06
SURGERY/ANES.	2	3	435.22	145.07	.003	217.61	.43
RADIO./PATHOLOGY	1	1	17.30	17.30	.001	17.30	.02
OTHER	18	35	674.49	19.27	.034	37.47	.66
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	60	388	\$ 10,992.43	\$ 28.33	.380	\$ 183.21	\$ 10.78
HOSP INPATIENT TOTAL	6	98	4,842.26	49.41	.096	807.04	4.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	98	4,842.26	49.41	.096	807.04	4.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	57	290	6,150.17	21.21	.284	107.90	6.03
MEDICAL	0	0	12.65	.00	.000	.00	.01
SURGERY	2	2	110.32	55.16	.002	55.16	.11
PATHOLOGY	3	12	128.55	10.71	.012	42.85	.13

RADIOLOGY	0	0	41.06	.00	.000	.00	.04
ROOM USE	3	4	421.31	105.33	.004	140.44	.41
CROSSOVERS/ALL OTH OUTPTNT	54	272	5,436.28	19.99	.267	100.67	5.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,167
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

	1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	60	388	\$	10,992.43	\$ 28.33	.380	\$ 183.21	\$ 10.78
COMM HOSP INPATIENT TOTAL	6	98		4,842.26	49.41	.096	807.04	4.75
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	98		4,842.26	49.41	.096	807.04	4.75
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	57	290		6,150.17	21.21	.284	107.90	6.03
MEDICAL	0	0		12.65	.00	.000	.00	.01
SURGERY	2	2		110.32	55.16	.002	55.16	.11
PATHOLOGY	3	12		128.55	10.71	.012	42.85	.13
RADIOLOGY	0	0		41.06	.00	.000	.00	.04
ROOM USE	3	4		421.31	105.33	.004	140.44	.41
CROSSOVERS/ALL OTH OUTPTNT	54	272		5,436.28	19.99	.267	100.67	5.33
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	4	23	\$	4,312.85	\$ 187.52	.023	\$ 1078.21	\$ 4.23
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4	23		4,312.85	187.52	.023	1078.21	4.23
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	\$ 2,005.20	\$ 401.04	.005	\$ 501.30	\$ 1.97
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5	2,005.20	401.04	.005	501.30	1.97
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	68	\$ 994.10	\$ 14.62	.067	\$ 47.34	\$.97
PATHOLOGY	21	68	994.10	14.62	.067	47.34	.97
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	65	128	\$ 14,762.63	\$ 115.33	.125	\$ 227.12	\$ 14.47
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	12	467.42	38.95	.012	233.71	.46
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	116	14,295.21	123.23	.114	226.91	14.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

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1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	157	3,801	\$ 31,643.47	\$ 8.33	3.726	\$ 201.55	\$ 31.02
DURABLE MED. EQUIP.	2	3	2,294.76	764.92	.003	1147.38	2.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	28	1,970	5,274.50	2.68	1.931	188.38	5.17
AMBULANCES/AIR TRANS	1	39	259.43	6.65	.038	259.43	.25
OTHER TRANS	25	1,884	4,823.17	2.56	1.847	192.93	4.73
OTHER SERVICES	3	47	191.90	4.08	.046	63.97	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	74	4,960.50	67.03	.073	992.10	4.86
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	27	53	897.30	16.93	.052	33.23	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.83	.83	.001	.83	.00
PROSTHETIST/ORTHOTISTS	4	9	177.53	19.73	.009	44.38	.17
PROSTHETICS	4	9	177.53	19.73	.009	44.38	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	43	197	7,464.52	37.89	.193	173.59	7.32
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	59	1,494	10,573.53	7.08	1.465	179.21	10.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	198	1,513	\$ 37,326.90	\$ 24.67	1.483	\$ 188.52	\$ 36.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,172
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 9,173
01/17/03

	2,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,896	31,845	\$	827,610.41	\$ 25.99	13.834	\$ 436.50	\$ 359.52
@PHYSICIANS SERVICES	316	837	\$	13,196.24	\$ 15.77	.364	\$ 41.76	\$ 5.73
OUTPATIENT VISITS	11	14		637.87	45.56	.006	57.99	.28
OFFICE VISITS	10	12		319.52	26.63	.005	31.95	.14
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.000	68.35	.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		250.00	250.00	.000	250.00	.11
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	4		164.08	41.02	.002	82.04	.07
HOSPITAL VISITS	2	4		164.08	41.02	.002	82.04	.07
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		62.78	62.78	.000	62.78	.03
PRINCIPAL SURGEON	1	1		62.78	62.78	.000	62.78	.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	22		864.82	39.31	.010	123.55	.38
PRINCIPAL SURGEON	2	2		344.05	172.03	.001	172.03	.15
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	20		520.77	26.04	.009	104.15	.23
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		5.60	2.80	.001	2.80	.00
RADIOLOGY	9	12		660.60	55.05	.005	73.40	.29
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	294	782		10,800.49	13.81	.340	36.74	4.69
@PHARMACY	1,739	17,943	\$	614,760.91	\$ 34.26	7.795	\$ 353.51	\$ 267.06
PRESCRIPTION DRUGS	1,733	7,927		588,706.36	74.27	3.444	339.70	255.74
SNF/ICF	34	442		19,479.10	44.07	.192	572.91	8.46
OUTPATIENTS	1,708	7,485		569,227.26	76.05	3.252	333.27	247.28
MEDICAL SUPPLIES	155	10,016		26,054.55	2.60	4.351	168.09	11.32
@DENTIST	154	628	\$	26,824.73	\$ 42.71	.273	\$ 174.19	\$ 11.65
VISITS - DIAGNOSTIC	112	400		5,619.73	14.05	.174	50.18	2.44
ORAL SURGERY	16	60		2,965.00	49.42	.026	185.31	1.29
DRUGS	1	1		25.00	25.00	.000	25.00	.01
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	12	20		2,245.00	112.25	.009	187.08	.98
ENDODONTICS	10	12		2,355.00	196.25	.005	235.50	1.02
RESTORATIVE DENTISTRY	49	95		8,900.00	93.68	.041	181.63	3.87
PROSTHETICS	1	1		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	15	38	4,715.00	124.08	.017	314.33	2.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,174
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	2,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	57	140	\$	3,012.57	\$ 21.52	.061	\$ 52.85	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	16	16		684.26	42.77	.007	42.77	.30
EYE APPLIANCES	38	97		1,869.61	19.27	.042	49.20	.81
OTHER OPTOMETRIC SERVICES	14	27		458.70	16.99	.012	32.76	.20
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.01
@PODIATRIST	34	57	\$	1,408.30	\$ 24.71	.025	\$ 41.42	\$.61
MEDICINE/INJECTIONS	2	3		64.20	21.40	.001	32.10	.03
SURGERY/ANES.	2	3		435.22	145.07	.001	217.61	.19
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30	.01
OTHER	32	50		891.58	17.83	.022	27.86	.39
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	128	858	\$	29,585.41	\$ 34.48	.373	\$ 231.14	\$ 12.85
HOSP INPATIENT TOTAL	22	198		16,924.91	85.48	.086	769.31	7.35
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22	198		16,924.91	85.48	.086	769.31	7.35
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	111	660		12,660.50	19.18	.287	114.06	5.50
MEDICAL	0	0		12.65	.00	.000	.00	.01
SURGERY	2	2		110.32	55.16	.001	55.16	.05
PATHOLOGY	3	12		128.55	10.71	.005	42.85	.06
RADIOLOGY	0	0		41.06	.00	.000	.00	.02
ROOM USE	3	4		421.31	105.33	.002	140.44	.18
CROSSOVERS/ALL OTH OUTPTNT	108	642		11,946.61	18.61	.279	110.62	5.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,175
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	2,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	128		858	\$ 29,585.41	\$ 34.48	.373	\$ 231.14	\$ 12.85
COMM HOSP INPATIENT TOTAL	22		198	16,924.91	85.48	.086	769.31	7.35
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22		198	16,924.91	85.48	.086	769.31	7.35
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	111		660	12,660.50	19.18	.287	114.06	5.50
MEDICAL	0		0	12.65	.00	.000	.00	.01
SURGERY	2		2	110.32	55.16	.001	55.16	.05
PATHOLOGY	3		12	128.55	10.71	.005	42.85	.06
RADIOLOGY	0		0	41.06	.00	.000	.00	.02
ROOM USE	3		4	421.31	105.33	.002	140.44	.18

CROSSOVERS/ALL OTH OUTPTNT	108	642		11,946.61	18.61	.279	110.62	5.19
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	16	212	\$	29,682.44	\$ 140.01	.092	\$ 1855.15	\$ 12.89
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16	212		29,682.44	140.01	.092	1855.15	12.89
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	\$	2,005.20	\$ 401.04	.002	\$ 501.30	\$.87
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5		2,005.20	401.04	.002	501.30	.87
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	68	\$	994.10	\$ 14.62	.030	\$ 47.34	\$.43
PATHOLOGY	21	68		994.10	14.62	.030	47.34	.43
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	112	198	\$	23,755.50	\$ 119.98	.086	\$ 212.10	\$ 10.32
CLINIC	1	1		18.41	18.41	.000	18.41	.01
SURGICENTER	10	22		1,742.76	79.22	.010	174.28	.76
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	101	175		21,994.33	125.68	.076	217.77	9.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,176
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	2,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	360	10,898	\$	82,368.29	\$ 7.56	4.734	\$ 228.80 \$ 35.78
DURABLE MED. EQUIP.	10	23		2,749.69	119.55	.010	274.97 1.19
BLOOD BANK	0	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	4	8		1,316.91	164.61	.003	329.23 .57
MEDICAL TRANSPORTATION	68	7,706		16,856.44	2.19	3.348	247.89 7.32
AMBULANCES/AIR TRANS	1	39		259.43	6.65	.017	259.43 .11
OTHER TRANS	64	7,612		16,324.75	2.14	3.307	255.07 7.09
OTHER SERVICES	4	55		272.26	4.95	.024	68.07 .12
ACUPUNCTURE	0	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	37	282		18,865.78	66.90	.123	509.89 8.20
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	20	296		15,178.88	51.28	.129	758.94 6.59
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00 .00
OPTICIAN	50	103		1,617.29	15.70	.045	32.35 .70
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	1	1		.83	.83	.000	.83 .00
PROSTHETIST/ORTHOTISTS	8	12		277.33	23.11	.005	34.67 .12
PROSTHETICS	8	12		277.33	23.11	.005	34.67 .12
ORTHOTICS	0	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	57	218		8,342.39	38.27	.095	146.36 3.62

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	152	2,249	17,162.75	7.63	.977	112.91	7.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	526	2,798	\$ 78,531.08	\$ 28.07	1.215	\$ 149.30	\$ 34.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,177
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

1,105 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	870	36,887	\$ 476,903.12	\$ 12.93	33.382	\$ 548.16	\$ 431.59
@PHYSICIANS SERVICES	75	217	\$ 1,914.52	\$ 8.82	.196	\$ 25.53	\$ 1.73
OUTPATIENT VISITS	4	8	174.38	21.80	.007	43.60	.16
OFFICE VISITS	4	7	150.00	21.43	.006	37.50	.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.001	24.38	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	79.30	79.30	.001	79.30	.07
PRINCIPAL SURGEON	1	1	79.30	79.30	.001	79.30	.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	6.46	6.46	.001	6.46	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.93	10.93	.001	10.93	.01
OTHER SERVICES/ALL X-OVERS	70	206	1,643.45	7.98	.186	23.48	1.49
@PHARMACY	747	23,353	\$ 196,931.08	\$ 8.43	21.134	\$ 263.63	\$ 178.22
PRESCRIPTION DRUGS	730	3,291	183,602.82	55.79	2.978	251.51	166.16
SNF/ICF	44	315	10,043.20	31.88	.285	228.25	9.09
OUTPATIENTS	696	2,976	173,559.62	58.32	2.693	249.37	157.07
MEDICAL SUPPLIES	116	20,062	13,328.26	.66	18.156	114.90	12.06
@DENTIST	41	162	\$ 6,879.00	\$ 42.46	.147	\$ 167.78	\$ 6.23
VISITS - DIAGNOSTIC	28	82	1,099.00	13.40	.074	39.25	.99
ORAL SURGERY	8	35	1,908.00	54.51	.032	238.50	1.73

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	4	520.00	130.00	.004	173.33	.47
RESTORATIVE DENTISTRY	11	28	2,153.00	76.89	.025	195.73	1.95
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	13	1,199.00	92.23	.012	399.67	1.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,105 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	27	\$ 853.38	\$ 31.61	.024	\$ 85.34	\$.77
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.001	75.11	.07
EYE APPLIANCES	8	24	763.05	31.79	.022	95.38	.69
OTHER OPTOMETRIC SERVICES	2	2	15.22	7.61	.002	7.61	.01
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	19	\$ 260.92	\$ 13.73	.017	\$ 20.07	\$.24
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	13	19	260.92	13.73	.017	20.07	.24
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	36	279	\$ 8,515.83	\$ 30.52	.252	\$ 236.55	\$ 7.71
HOSP INPATIENT TOTAL	6	20	4,002.88	200.14	.018	667.15	3.62
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	20	4,002.88	200.14	.018	667.15	3.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	259	4,512.95	17.42	.234	145.58	4.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.47	32.47	.001	32.47	.03
CROSSOVERS/ALL OTH OUTPTNT	30	258	4,480.48	17.37	.233	149.35	4.05
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	1,105 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	279	\$	8,515.83	\$ 30.52	.252	\$ 236.55	\$ 7.71
COMM HOSP INPATIENT TOTAL	6	20		4,002.88	200.14	.018	667.15	3.62
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	20		4,002.88	200.14	.018	667.15	3.62
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	259		4,512.95	17.42	.234	145.58	4.08
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		32.47	32.47	.001	32.47	.03
CROSSOVERS/ALL OTH OUTPTNT	30	258		4,480.48	17.37	.233	149.35	4.05
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	45	1,024	\$	132,436.24	\$ 129.33	.927	\$ 2943.03	\$ 119.85
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	45	1,024		132,436.24	129.33	.927	2943.03	119.85
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	7	\$	2,485.66	\$ 355.09	.006	\$ 828.55	\$ 2.25
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	7		2,485.66	355.09	.006	828.55	2.25

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	8	\$	37.06	\$	4.63	.007	\$	4.63	\$	.03
PATHOLOGY	7	7		33.17		4.74	.006		4.74		.03
XO AND OTHERS	1	1		3.89		3.89	.001		3.89		.00
@ORGANIZED OUTPATIENT CLINIC	18	29	\$	2,347.11	\$	80.93	.026	\$	130.40	\$	2.12
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	29		2,347.11		80.93	.026		130.40		2.12

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

PAGE 9,180
01/17/03

AID CODE 18

1,105 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	290	11,762	\$ 124,242.32	\$ 10.56	10.644	\$ 428.42	\$ 112.44
DURABLE MED. EQUIP.	13	53	2,617.06CR	49.38CR	.048	201.31CR	2.37CR
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	1,138.74	569.37	.002	1138.74	1.03
MEDICAL TRANSPORTATION	21	695	2,714.84	3.91	.629	129.28	2.46
AMBULANCES/AIR TRANS	1	6	124.91	20.82	.005	124.91	.11
OTHER TRANS	18	676	2,458.24	3.64	.612	136.57	2.22
OTHER SERVICES	4	13	131.69	10.13	.012	32.92	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	112	1,455	95,132.10	65.38	1.317	849.39	86.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	13	156	5,157.38	33.06	.141	396.72	4.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	168.92	10.56	.014	21.12	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	10	314.42	31.44	.009	157.21	.28
PROSTHETICS	2	10	314.42	31.44	.009	157.21	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	13	2,573.02	197.92	.012	321.63	2.33
HOSPICE SERVICES	5	88	9,440.64	107.28	.080	1888.13	8.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	145	9,274	10,219.32	1.10	8.393	70.48	9.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	233	2,154	\$ 32,217.27	\$ 14.96	1.949	\$ 138.27	\$ 29.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,181
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26	5,982	\$ 45,313.36	\$ 7.57	230.077	\$ 1742.82	\$ 1742.82
@PHYSICIANS SERVICES	7	14	\$ 348.44	\$ 24.89	.538	\$ 49.78	\$ 13.40
OUTPATIENT VISITS	2	2	64.32	32.16	.077	32.16	2.47
OFFICE VISITS	1	1	37.50	37.50	.038	37.50	1.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	26.82	26.82	.038	26.82	1.03
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	8.83	8.83	.038	8.83	.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	11	275.29	25.03	.423	68.82	10.59
@PHARMACY	24	574	\$ 22,257.10	\$ 38.78	22.077	\$ 927.38	\$ 856.04
PRESCRIPTION DRUGS	24	93	6,263.31	67.35	3.577	260.97	240.90

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	93	6,263.31	67.35	3.577	260.97	240.90
MEDICAL SUPPLIES	11	481	15,993.79	33.25	18.500	1453.98	615.15
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,182
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	21	\$ 390.41	\$ 18.59	.808	\$ 130.14	\$ 15.02
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	21	390.41	18.59	.808	130.14	15.02
MEDICAL	1	1	58.76	58.76	.038	58.76	2.26
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	51.48	7.35	.269	51.48	1.98

RADIOLOGY	1	1	32.06	32.06	.038	32.06	1.23
ROOM USE	1	1	31.80	31.80	.038	31.80	1.22
CROSSOVERS/ALL OTH OUTPTNT	1	11	216.31	19.66	.423	216.31	8.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	21	\$ 390.41	\$ 18.59	.808	\$ 130.14	\$ 15.02
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	21	390.41	18.59	.808	130.14	15.02
MEDICAL	1	1	58.76	58.76	.038	58.76	2.26
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	51.48	7.35	.269	51.48	1.98
RADIOLOGY	1	1	32.06	32.06	.038	32.06	1.23
ROOM USE	1	1	31.80	31.80	.038	31.80	1.22
CROSSOVERS/ALL OTH OUTPTNT	1	11	216.31	19.66	.423	216.31	8.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	25	\$	1,325.51	\$	53.02	\$	147.28
CLINIC	1	3		230.11		76.70		230.11
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	22		1,095.40		49.79		136.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	5,348	\$ 20,991.90	\$ 3.93	205.692	\$ 874.66	\$ 807.38
DURABLE MED. EQUIP.	1	17	4,974.00	292.59	.654	4974.00	191.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	111	7,422.48	66.87	4.269	618.54	285.48
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	904.98	150.83	.231	904.98	34.81
PROSTHETICS	1	6	904.98	150.83	.231	904.98	34.81
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	3,289	6,399.24	1.95	126.500	914.18	246.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	1,925	1,291.20	.67	74.038	129.12	49.66
@CALIF. CHILDREN SERVICES*	4	29	\$ 20,567.96	\$ 709.24	1.115	\$ 5141.99	\$ 791.08
@XOVER EXCLUDING STATE HOSP**	3	21	\$ 451.06	\$ 21.48	.808	\$ 150.35	\$ 17.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

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624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	552	32,679	\$ 328,660.62	\$ 10.06	52.370	\$ 595.40	\$ 526.70
@PHYSICIANS SERVICES	95	213	\$ 5,108.36	\$ 23.98	.341	\$ 53.77	\$ 8.19
OUTPATIENT VISITS	24	33	1,426.62	43.23	.053	59.44	2.29
OFFICE VISITS	16	20	725.96	36.30	.032	45.37	1.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	13	700.66	53.90	.021	87.58	1.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	8	356.54	44.57	.013	59.42	.57
HOSPITAL VISITS	3	5	249.04	49.81	.008	83.01	.40
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	3	107.50	35.83	.005	35.83	.17
OPHTHALMOLOGICAL SERVICES	1	1	.00	.00	.002	.00	.00
EXAMINATIONS	1	1	.00	.00	.002	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	7	753.21	107.60	.011	376.61	1.21
PRINCIPAL SURGEON	1	1	505.96	505.96	.002	505.96	.81
ASSISTANT SURGEON	1	1	101.27	101.27	.002	101.27	.16
ANESTHESIOLOGIST	1	5	145.98	29.20	.008	145.98	.23
OUTPATIENT SURGERY	1	1	39.91	39.91	.002	39.91	.06
PRINCIPAL SURGEON	1	1	39.91	39.91	.002	39.91	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	156.24	52.08	.005	52.08	.25

RADIOLOGY	9	13		934.37		71.87	.021	103.82	1.50
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	62	147		1,441.47		9.81	.236	23.25	2.31
@PHARMACY	479	4,483	\$	194,165.01	\$	43.31	7.184	\$ 405.35	\$ 311.16
PRESCRIPTION DRUGS	461	2,166		182,206.79		84.12	3.471	395.24	292.00
SNF/ICF	6	32		2,321.69		72.55	.051	386.95	3.72
OUTPATIENTS	456	2,134		179,885.10		84.29	3.420	394.48	288.28
MEDICAL SUPPLIES	95	2,317		11,958.22		5.16	3.713	125.88	19.16
@DENTIST	29	97	\$	4,582.00	\$	47.24	.155	\$ 158.00	\$ 7.34
VISITS - DIAGNOSTIC	20	64		1,033.00		16.14	.103	51.65	1.66
ORAL SURGERY	4	5		258.00		51.60	.008	64.50	.41
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.002	100.00	.16
PERIODONTICS	1	1		200.00		200.00	.002	200.00	.32
ENDODONTICS	0	1CR		.00		.00	.002CR	.00	.00
RESTORATIVE DENTISTRY	8	24		2,066.00		86.08	.038	258.25	3.31
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		925.00		308.33	.005	462.50	1.48
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	39	\$ 689.64	\$ 17.68	.063	\$ 43.10	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	3	3	111.90	37.30	.005	37.30	.18
EYE APPLIANCES	13	32	523.98	16.37	.051	40.31	.84
OTHER OPTOMETRIC SERVICES	3	4	53.76	13.44	.006	17.92	.09
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.005	\$ 25.08	\$.08
VISITS	2	3	50.16	16.72	.005	25.08	.08
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	32	\$ 305.03	\$ 9.53	.051	\$ 27.73	\$.49
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	32	305.03	9.53	.051	27.73	.49
@HOME HEALTH AGENCY	4	12	\$ 896.31	\$ 74.69	.019	\$ 224.08	\$ 1.44
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	46	341	\$ 34,716.15	\$ 101.81	.546	\$ 754.70	\$ 55.63
HOSP INPATIENT TOTAL	14	78	30,218.80	387.42	.125	2158.49	48.43
HSC HOSPITALS	1	3	2,640.00	880.00	.005	2640.00	4.23
NON-HSC HOSPITAL TOTAL	4	12	20,963.36	1746.95	.019	5240.84	33.60
ACCOMMODATIONS	4	12	7,136.82	594.74	.019	1784.21	11.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	7,136.82	594.74	.019	1784.21	11.44
ANCILLARIES	4	0	13,826.54	.00	.000	3456.64	22.16

INPATIENT CROSSOVERS	9	63	6,615.44	105.01	.101	735.05	10.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	263	4,497.35	17.10	.421	121.55	7.21
MEDICAL	4	4	50.80	12.70	.006	12.70	.08
SURGERY	3	4	33.94	8.49	.006	11.31	.05
PATHOLOGY	9	35	401.76	11.48	.056	44.64	.64
RADIOLOGY	6	9	913.46	101.50	.014	152.24	1.46
ROOM USE	11	16	510.66	31.92	.026	46.42	.82
CROSSOVERS/ALL OTH OUTPTNT	29	195	2,586.73	13.27	.313	89.20	4.15
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	341	\$ 34,716.15	\$ 101.81	.546	\$ 754.70	\$ 55.63
COMM HOSP INPATIENT TOTAL	14	78	30,218.80	387.42	.125	2158.49	48.43
HSC HOSPITALS	1	3	2,640.00	880.00	.005	2640.00	4.23
NON-HSC HOSPITALS TOTAL	4	12	20,963.36	1746.95	.019	5240.84	33.60
ACCOMMODATIONS	4	12	7,136.82	594.74	.019	1784.21	11.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	7,136.82	594.74	.019	1784.21	11.44
ANCILLARIES	4	0	13,826.54	.00	.000	3456.64	22.16
INPATIENT CROSSOVERS	9	63	6,615.44	105.01	.101	735.05	10.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	263	4,497.35	17.10	.421	121.55	7.21
MEDICAL	4	4	50.80	12.70	.006	12.70	.08
SURGERY	3	4	33.94	8.49	.006	11.31	.05
PATHOLOGY	9	35	401.76	11.48	.056	44.64	.64
RADIOLOGY	6	9	913.46	101.50	.014	152.24	1.46
ROOM USE	11	16	510.66	31.92	.026	46.42	.82
CROSSOVERS/ALL OTH OUTPTNT	29	195	2,586.73	13.27	.313	89.20	4.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	96	\$ 18,702.26	\$ 194.82	.154	\$ 1870.23	\$ 29.97
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	10	96		18,702.26	194.82	.154	1870.23	29.97	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	6	27	\$	321.83	\$ 11.92	.043	\$ 53.64	\$.52	
PATHOLOGY	6	27		321.83	11.92	.043	53.64	.52	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	43	72	\$	10,178.14	\$ 141.36	.115	\$ 236.70	\$ 16.31	
CLINIC	4	12		92.73	7.73	.019	23.18	.15	
SURGICENTER	1	1		52.08	52.08	.002	52.08	.08	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	38	59		10,033.33	170.06	.095	264.04	16.08	
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624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	186	27,264	\$ 58,945.73	\$ 2.16	43.692	\$ 316.91	\$ 94.46
DURABLE MED. EQUIP.	15	56	14,304.92	255.45	.090	953.66	22.92
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	26	964	3,001.05	3.11	1.545	115.43	4.81
AMBULANCES/AIR TRANS	3	28	481.05	17.18	.045	160.35	.77
OTHER TRANS	21	905	2,383.74	2.63	1.450	113.51	3.82
OTHER SERVICES	3	31	136.26	4.40	.050	45.42	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	140	9,360.26	66.86	.224	936.03	15.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	23	2,519.41	109.54	.037	359.92	4.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	28	382.36	13.66	.045	31.86	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	22	5,508.14	250.37	.035	688.52	8.83
PROSTHETICS	8	22	5,508.14	250.37	.035	688.52	8.83
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	34	1,360.02	40.00	.054	170.00	2.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	218	1,009.04	4.63	.349	112.12	1.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	118	25,779		21,500.53		.83	41.313	182.21	34.46
@CALIF. CHILDREN SERVICES*	6	33	\$	3,853.27	\$	116.77	.053	\$ 642.21	\$ 6.18
@XOVER EXCLUDING STATE HOSP**	181	3,092	\$	25,953.07	\$	8.39	4.955	\$ 143.39	\$ 41.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SUMMARY OF SERVICES FOR IN HOME SUPPORT

							----- MONTHLY AVERAGE -----		
1,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	1,448	75,548	\$ 850,877.10	\$ 11.26	43.047	\$ 587.62	\$ 484.83		
@PHYSICIANS SERVICES	177	444	\$ 7,371.32	\$ 16.60	.253	\$ 41.65	\$ 4.20		
OUTPATIENT VISITS	30	43	1,665.32	38.73	.025	55.51	.95		
OFFICE VISITS	21	28	913.46	32.62	.016	43.50	.52		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	9	14	725.04	51.79	.008	80.56	.41		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	1	1	26.82	26.82	.001	26.82	.02		
INPATIENT VISITS	6	8	356.54	44.57	.005	59.42	.20		
HOSPITAL VISITS	3	5	249.04	49.81	.003	83.01	.14		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	3	3	107.50	35.83	.002	35.83	.06		
OPHTHALMOLOGICAL SERVICES	1	1	.00	.00	.001	.00	.00		
EXAMINATIONS	1	1	.00	.00	.001	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	2	7	753.21	107.60	.004	376.61	.43		
PRINCIPAL SURGEON	1	1	505.96	505.96	.001	505.96	.29		
ASSISTANT SURGEON	1	1	101.27	101.27	.001	101.27	.06		
ANESTHESIOLOGIST	1	5	145.98	29.20	.003	145.98	.08		
OUTPATIENT SURGERY	2	2	119.21	59.61	.001	59.61	.07		
PRINCIPAL SURGEON	2	2	119.21	59.61	.001	59.61	.07		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	3	3	156.24	52.08	.002	52.08	.09		
RADIOLOGY	11	15	949.66	63.31	.009	86.33	.54		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	1	1	10.93	10.93	.001	10.93	.01		
OTHER SERVICES/ALL X-OVERS	136	364	3,360.21	9.23	.207	24.71	1.91		
@PHARMACY	1,250	28,410	\$ 413,353.19	\$ 14.55	16.188	\$ 330.68	\$ 235.53		
PRESCRIPTION DRUGS	1,215	5,550	372,072.92	67.04	3.162	306.23	212.01		
SNF/ICF	50	347	12,364.89	35.63	.198	247.30	7.05		
OUTPATIENTS	1,176	5,203	359,708.03	69.13	2.965	305.87	204.96		
MEDICAL SUPPLIES	222	22,860	41,280.27	1.81	13.026	185.95	23.52		
@DENTIST	70	259	\$ 11,461.00	\$ 44.25	.148	\$ 163.73	\$ 6.53		
VISITS - DIAGNOSTIC	48	146	2,132.00	14.60	.083	44.42	1.21		
ORAL SURGERY	12	40	2,166.00	54.15	.023	180.50	1.23		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.06		
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.11		
ENDODONTICS	3	3	520.00	173.33	.002	173.33	.30		
RESTORATIVE DENTISTRY	19	52	4,219.00	81.13	.030	222.05	2.40		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		

DENTURES, STAYPLATES	5	16	2,124.00	132.75	.009	424.80	1.21
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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1,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	66	\$ 1,543.02	\$ 23.38	.038	\$ 59.35	\$.88
DIAGNOSTIC AND ANC. PROCED	4	4	187.01	46.75	.002	46.75	.11
EYE APPLIANCES	21	56	1,287.03	22.98	.032	61.29	.73
OTHER OPTOMETRIC SERVICES	5	6	68.98	11.50	.003	13.80	.04
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.002	\$ 25.08	\$.03
VISITS	2	3	50.16	16.72	.002	25.08	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	24	51	\$ 565.95	\$ 11.10	.029	\$ 23.58	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	24	51	565.95	11.10	.029	23.58	.32
@HOME HEALTH AGENCY	4	12	\$ 896.31	\$ 74.69	.007	\$ 224.08	\$.51
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	85	641	\$ 43,622.39	\$ 68.05	.365	\$ 513.20	\$ 24.86
HOSP INPATIENT TOTAL	20	98	34,221.68	349.20	.056	1711.08	19.50
HSC HOSPITALS	1	3	2,640.00	880.00	.002	2640.00	1.50

NON-HSC HOSPITAL TOTAL	4	12	20,963.36	1746.95	.007	5240.84	11.94
ACCOMMODATIONS	4	12	7,136.82	594.74	.007	1784.21	4.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	7,136.82	594.74	.007	1784.21	4.07
ANCILLARIES	4	0	13,826.54	.00	.000	3456.64	7.88
INPATIENT CROSSOVERS	15	83	10,618.32	127.93	.047	707.89	6.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	71	543	9,400.71	17.31	.309	132.40	5.36
MEDICAL	5	5	109.56	21.91	.003	21.91	.06
SURGERY	3	4	33.94	8.49	.002	11.31	.02
PATHOLOGY	10	42	453.24	10.79	.024	45.32	.26
RADIOLOGY	7	10	945.52	94.55	.006	135.07	.54
ROOM USE	13	18	574.93	31.94	.010	44.23	.33
CROSSOVERS/ALL OTH OUTPTNT	60	464	7,283.52	15.70	.264	121.39	4.15
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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	1,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	85	641	\$	43,622.39	\$ 68.05	.365 \$ 513.20	\$ 24.86
COMM HOSP INPATIENT TOTAL	20	98		34,221.68	349.20	.056 1711.08	19.50
HSC HOSPITALS	1	3		2,640.00	880.00	.002 2640.00	1.50
NON-HSC HOSPITALS TOTAL	4	12		20,963.36	1746.95	.007 5240.84	11.94
ACCOMMODATIONS	4	12		7,136.82	594.74	.007 1784.21	4.07
ADMINISTRATIVE DAYS	0	0		.00	.00	.000 .00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00	.00
ALL OTHER ACCOM	4	12		7,136.82	594.74	.007 1784.21	4.07
ANCILLARIES	4	0		13,826.54	.00	.000 3456.64	7.88
INPATIENT CROSSOVERS	15	83		10,618.32	127.93	.047 707.89	6.05
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00	.00
COMM HOSP OUTPATIENT TOTAL	71	543		9,400.71	17.31	.309 132.40	5.36
MEDICAL	5	5		109.56	21.91	.003 21.91	.06
SURGERY	3	4		33.94	8.49	.002 11.31	.02
PATHOLOGY	10	42		453.24	10.79	.024 45.32	.26
RADIOLOGY	7	10		945.52	94.55	.006 135.07	.54
ROOM USE	13	18		574.93	31.94	.010 44.23	.33

CROSSOVERS/ALL OTH OUTPTNT	60	464		7,283.52		15.70	.264	121.39	4.15
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	55	1,120	\$	151,138.50	\$	134.95	.638	2747.97	86.12
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	55	1,120		151,138.50		134.95	.638	2747.97	86.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	7	\$	2,485.66	\$	355.09	.004	828.55	1.42
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	3	7		2,485.66		355.09	.004	828.55	1.42
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	14	35	\$	358.89	\$	10.25	.020	25.64	.20
PATHOLOGY	13	34		355.00		10.44	.019	27.31	.20
XO AND OTHERS	1	1		3.89		3.89	.001	3.89	.00
@ORGANIZED OUTPATIENT CLINIC	70	126	\$	13,850.76	\$	109.93	.072	197.87	7.89
CLINIC	5	15		322.84		21.52	.009	64.57	.18
SURGICENTER	1	1		52.08		52.08	.001	52.08	.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	64	110		13,475.84		122.51	.063	210.56	7.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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	1,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	500	44,374	\$	204,179.95	\$ 4.60	25.284	\$ 408.36	\$ 116.34
DURABLE MED. EQUIP.	29	126		16,661.86	132.24	.072	574.55	9.49
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		1,138.74	569.37	.001	1138.74	.65
MEDICAL TRANSPORTATION	47	1,659		5,715.89	3.45	.945	121.61	3.26
AMBULANCES/AIR TRANS	4	34		605.96	17.82	.019	151.49	.35
OTHER TRANS	39	1,581		4,841.98	3.06	.901	124.15	2.76
OTHER SERVICES	7	44		267.95	6.09	.025	38.28	.15
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	134	1,706		111,914.84	65.60	.972	835.19	63.77
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	20	179		7,676.79	42.89	.102	383.84	4.37
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	20	44		551.28	12.53	.025	27.56	.31
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	38		6,727.54	177.04	.022	611.59	3.83
PROSTHETICS	11	38		6,727.54	177.04	.022	611.59	3.83
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	47		3,933.04	83.68	.027	245.82	2.24

HOSPICE SERVICES	5	88		9,440.64	107.28	.050	1888.13	5.38
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	3,507		7,408.28	2.11	1.998	463.02	4.22
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	273	36,978		33,011.05	.89	21.070	120.92	18.81
@CALIF. CHILDREN SERVICES*	10	62	\$	24,421.23	\$ 393.89	.035	\$ 2442.12	\$ 13.92
@XOVER EXCLUDING STATE HOSP**	417	5,267	\$	58,621.40	\$ 11.13	3.001	\$ 140.58	\$ 33.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,193
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

11,049 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,096	256,183	\$ 3,210,510.94	\$ 12.53	23.186	\$ 396.56	\$ 290.57
@PHYSICIANS SERVICES	1,392	3,398	\$ 64,687.43	\$ 19.04	.308	\$ 46.47	\$ 5.85
OUTPATIENT VISITS	112	164	5,271.73	32.14	.015	47.07	.48
OFFICE VISITS	105	154	4,517.25	29.33	.014	43.02	.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	754.48	75.45	.001	83.83	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	10	25	1,173.29	46.93	.002	117.33	.11
HOSPITAL VISITS	9	24	1,119.21	46.63	.002	124.36	.10
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	54.08	54.08	.000	54.08	.00
OPHTHALMOLOGICAL SERVICES	9	11	498.85	45.35	.001	55.43	.05
EXAMINATIONS	9	11	498.85	45.35	.001	55.43	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	39	2,862.79	73.40	.004	715.70	.26
PRINCIPAL SURGEON	3	4	1,946.82	486.71	.000	648.94	.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	35	915.97	26.17	.003	457.99	.08
OUTPATIENT SURGERY	12	21	2,660.33	126.68	.002	221.69	.24
PRINCIPAL SURGEON	11	14	2,423.00	173.07	.001	220.27	.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	237.33	33.90	.001	118.67	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	19	25	289.14	11.57	.002	15.22	.03
RADIOLOGY	34	55	3,547.59	64.50	.005	104.34	.32
PSYCHIATRY	2	4	145.72	36.43	.000	72.86	.01
IMMUNIZATION AND INJECTION	12	23	182.68	7.94	.002	15.22	.02
OTHER SERVICES/ALL X-OVERS	1,271	3,031	48,055.31	15.85	.274	37.81	4.35
@PHARMACY	7,230	78,995	\$ 1,634,664.90	\$ 20.69	7.150	\$ 226.09	\$ 147.95
PRESCRIPTION DRUGS	7,131	27,709	1,573,995.32	56.80	2.508	220.73	142.46
SNF/ICF	257	1,579	67,431.47	42.71	.143	262.38	6.10
OUTPATIENTS	6,916	26,130	1,506,563.85	57.66	2.365	217.84	136.35
MEDICAL SUPPLIES	631	51,286	60,669.58	1.18	4.642	96.15	5.49
@DENTIST	450	1,659	\$ 75,034.20	\$ 45.23	.150	\$ 166.74	\$ 6.79
VISITS - DIAGNOSTIC	298	1,000	13,814.34	13.81	.091	46.36	1.25
ORAL SURGERY	63	168	8,491.36	50.54	.015	134.78	.77

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.02
PERIODONTICS	16	20	2,610.00	130.50	.002	163.13	.24
ENDODONTICS	13	17	3,765.00	221.47	.002	289.62	.34
RESTORATIVE DENTISTRY	106	231	18,583.00	80.45	.021	175.31	1.68
PROSTHETICS	7	7	110.00	15.71	.001	15.71	.01
DENTURES, STAYPLATES	85	203	27,460.50	135.27	.018	323.06	2.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	11	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,194
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

11,049 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	224	597	\$ 12,666.82	\$ 21.22	.054	\$ 56.55	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	50	49	2,272.82	46.38	.004	45.46	.21
EYE APPLIANCES	155	443	8,512.11	19.21	.040	54.92	.77
OTHER OPTOMETRIC SERVICES	69	105	1,881.89	17.92	.010	27.27	.17
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	109	155	\$ 1,786.88	\$ 11.53	.014	\$ 16.39	\$.16
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	108	154	1,735.88	11.27	.014	16.07	.16
@HOME HEALTH AGENCY	3	21	\$ 1,515.87	\$ 72.18	.002	\$ 505.29	\$.14
NURSE ANESTHESIST	5	58	\$ 283.79	\$ 4.89	.005	\$ 56.76	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$.00
@TOTAL HOSPITAL	456	2,912	\$ 299,619.22	\$ 102.89	.264	\$ 657.06	\$ 27.12
HOSP INPATIENT TOTAL	107	590	256,145.09	434.14	.053	2393.88	23.18
HSC HOSPITALS	29	135	132,766.12	983.45	.012	4578.14	12.02
NON-HSC HOSPITAL TOTAL	10	42	70,176.65	1670.87	.004	7017.67	6.35
ACCOMMODATIONS	10	42	21,404.70	509.64	.004	2140.47	1.94
ADMINISTRATIVE DAYS	2	6	1,348.75	224.79	.001	674.38	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	36	20,055.95	557.11	.003	2506.99	1.82
ANCILLARIES	10	0	48,771.95	.00	.000	4877.20	4.41
INPATIENT CROSSOVERS	70	413	53,202.32	128.82	.037	760.03	4.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	359	2,322	43,474.13	18.72	.210	121.10	3.93
MEDICAL	4	6	133.43	22.24	.001	33.36	.01
SURGERY	2	1	90.10CR	90.10CR	.000	45.05CR	.01CR
PATHOLOGY	9	24	314.24	13.09	.002	34.92	.03
RADIOLOGY	4	8	546.26	68.28	.001	136.57	.05
ROOM USE	8	5	220.55	44.11	.000	27.57	.02
CROSSOVERS/ALL OTH OUTPTNT	345	2,278	42,349.75	18.59	.206	122.75	3.83
@COUNTY HOSPITAL TOTAL	5	7	\$ 190.78	\$ 27.25	.001	\$ 38.16	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	7	190.78	27.25	.001	38.16	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	7	190.78	27.25	.001	38.16	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,195
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
11,049 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	451	2,905	\$ 299,428.44	\$ 103.07	.263	\$ 663.92	\$ 27.10	
COMM HOSP INPATIENT TOTAL	107	590	256,145.09	434.14	.053	2393.88	23.18	
HSC HOSPITALS	29	135	132,766.12	983.45	.012	4578.14	12.02	
NON-HSC HOSPITALS TOTAL	10	42	70,176.65	1670.87	.004	7017.67	6.35	
ACCOMMODATIONS	10	42	21,404.70	509.64	.004	2140.47	1.94	
ADMINISTRATIVE DAYS	2	6	1,348.75	224.79	.001	674.38	.12	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	36	20,055.95	557.11	.003	2506.99	1.82	
ANCILLARIES	10	0	48,771.95	.00	.000	4877.20	4.41	
INPATIENT CROSSOVERS	70	413	53,202.32	128.82	.037	760.03	4.82	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	354	2,315		43,283.35	18.70	.210	122.27	3.92
MEDICAL	4	6		133.43	22.24	.001	33.36	.01
SURGERY	2	1		90.10CR	90.10CR	.000	45.05CR	.01CR
PATHOLOGY	9	24		314.24	13.09	.002	34.92	.03
RADIOLOGY	4	8		546.26	68.28	.001	136.57	.05
ROOM USE	8	5		220.55	44.11	.000	27.57	.02
CROSSOVERS/ALL OTH OUTPTNT	340	2,271		42,158.97	18.56	.206	124.00	3.82
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	226	5,672	\$	692,171.45	\$ 122.03	.513	\$ 3062.71	\$ 62.65
LEV A-INTERMEDIATE	6	159		10,495.19	66.01	.014	1749.20	.95
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	220	5,513		681,676.26	123.65	.499	3098.53	61.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	28	\$	11,051.05	\$ 394.68	.003	\$ 650.06	\$ 1.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	17	28		11,051.05	394.68	.003	650.06	1.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	43	128	\$	1,282.23	\$ 10.02	.012	\$ 29.82	\$.12
PATHOLOGY	37	120		1,253.58	10.45	.011	33.88	.11
XO AND OTHERS	6	8		28.65	3.58	.001	4.78	.00
@ORGANIZED OUTPATIENT CLINIC	289	444	\$	53,066.39	\$ 119.52	.040	\$ 183.62	\$ 4.80
CLINIC	3	3		135.65	45.22	.000	45.22	.01
SURGICENTER	30	46		5,558.19	120.83	.004	185.27	.50
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	257	395		47,372.55	119.93	.036	184.33	4.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,196
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
11,049 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,482	162,115	\$ 362,656.71	\$ 2.24	14.672	\$ 244.71	\$ 32.82	
DURABLE MED. EQUIP.	54	161	8,510.35	52.86	.015	157.60	.77	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	16	26	5,035.65	193.68	.002	314.73	.46	
MEDICAL TRANSPORTATION	170	11,066	27,807.16	2.51	1.002	163.57	2.52	
AMBULANCES/AIR TRANS	11	124	1,643.52	13.25	.011	149.41	.15	
OTHER TRANS	135	10,604	24,371.63	2.30	.960	180.53	2.21	
OTHER SERVICES	29	338	1,792.01	5.30	.031	61.79	.16	
ACUPUNCTURE	7	12	227.07	18.92	.001	32.44	.02	
ADULT DAY HEALTH CARE CTR	221	2,553	168,564.70	66.03	.231	762.74	15.26	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	79	789	42,325.27	53.64	.071	535.76	3.83	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	224	489	6,244.92	12.77	.044	27.88	.57	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	24	51	1,601.77	31.41	.005	66.74	.14
PROSTHETICS	23	50	1,505.27	30.11	.005	65.45	.14
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.01
PSYCHOLOGIST	1	1	42.49	42.49	.000	42.49	.00
SPEECH AND AUDIOLOGY	68	119	15,372.39	129.18	.011	226.06	1.39
HOSPICE SERVICES	9	195	20,936.32	107.37	.018	2326.26	1.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	766	146,653	65,988.62	.45	13.273	86.15	5.97
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,274	10,965	\$ 261,490.34	\$ 23.85	.992	\$ 114.99	\$ 23.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,197
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

	1,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	921	78,345	\$	607,647.67	\$ 7.76	64.007	\$ 659.77	\$ 496.44
@PHYSICIANS SERVICES	275	1,000	\$	26,415.16	\$ 26.42	.817	\$ 96.06	\$ 21.58
OUTPATIENT VISITS	113	161		6,651.32	41.31	.132	58.86	5.43
OFFICE VISITS	94	118		4,213.12	35.70	.096	44.82	3.44
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	22	36		2,179.00	60.53	.029	99.05	1.78
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.001	126.31	.10
OTHER OUTPATIENT	6	6		132.89	22.15	.005	22.15	.11
INPATIENT VISITS	8	15		1,089.89	72.66	.012	136.24	.89
HOSPITAL VISITS	6	13		990.29	76.18	.011	165.05	.81
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2		99.60	49.80	.002	49.80	.08
OPHTHALMOLOGICAL SERVICES	8	8		323.74	40.47	.007	40.47	.26
EXAMINATIONS	8	8		323.74	40.47	.007	40.47	.26
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	18	44		4,761.33	108.21	.036	264.52	3.89
PRINCIPAL SURGEON	12	13		3,597.38	276.72	.011	299.78	2.94
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	31		1,163.95	37.55	.025	129.33	.95
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	19		448.11	23.58	.016	37.34	.37
RADIOLOGY	49	83		7,387.28	89.00	.068	150.76	6.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		28.14	14.07	.002	14.07	.02
OTHER SERVICES/ALL X-OVERS	136	668		5,725.35	8.57	.546	42.10	4.68
@PHARMACY	741	16,117	\$	218,605.30	\$ 13.56	13.167	\$ 295.01	\$ 178.60
PRESCRIPTION DRUGS	722	2,844		181,632.61	63.87	2.324	251.57	148.39

SNF/ICF	31	320		15,777.23	49.30	.261	508.94	12.89
OUTPATIENTS	694	2,524		165,855.38	65.71	2.062	238.98	135.50
MEDICAL SUPPLIES	141	13,273		36,972.69	2.79	10.844	262.22	30.21
@DENTIST	61	228	\$	15,411.35	\$ 67.59	.186	\$ 252.65	\$ 12.59
VISITS - DIAGNOSTIC	34	105		1,909.35	18.18	.086	56.16	1.56
ORAL SURGERY	6	47		2,062.00	43.87	.038	343.67	1.68
DRUGS	1	1		25.00	25.00	.001	25.00	.02
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	3		310.00	103.33	.002	103.33	.25
ENDODONTICS	7	10		2,515.00	251.50	.008	359.29	2.05
RESTORATIVE DENTISTRY	20	46		5,310.00	115.43	.038	265.50	4.34
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	15		3,280.00	218.67	.012	364.44	2.68
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00

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1,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23	53	\$ 2,132.16	\$ 40.23	.043	\$ 92.70	\$ 1.74
DIAGNOSTIC AND ANC. PROCED	7	7	389.82	55.69	.006	55.69	.32
EYE APPLIANCES	18	46	1,720.04	37.39	.038	95.56	1.41
OTHER OPTOMETRIC SERVICES	1	0	22.30	.00	.000	22.30	.02
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	11	\$ 118.73	\$ 10.79	.009	\$ 11.87	\$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	11	118.73	10.79	.009	11.87	.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	108	773	\$ 54,394.50	\$ 70.37	.632	\$ 503.65	\$ 44.44
HOSP INPATIENT TOTAL	16	96	40,005.55	416.72	.078	2500.35	32.68
HSC HOSPITALS	4	19	18,157.38	955.65	.016	4539.35	14.83
NON-HSC HOSPITAL TOTAL	2	5	9,295.02	1859.00	.004	4647.51	7.59
ACCOMMODATIONS	2	5	3,076.55	615.31	.004	1538.28	2.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,076.55	615.31	.004	1538.28	2.51
ANCILLARIES	2	0	6,218.47	.00	.000	3109.24	5.08
INPATIENT CROSSOVERS	10	72	12,553.15	174.35	.059	1255.32	10.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	95	677	14,388.95	21.25	.553	151.46	11.76
MEDICAL	14	30	518.83	17.29	.025	37.06	.42
SURGERY	7	11	358.89	32.63	.009	51.27	.29
PATHOLOGY	28	167	1,549.97	9.28	.136	55.36	1.27

RADIOLOGY	20	38	2,860.20	75.27	.031	143.01	2.34
ROOM USE	39	62	2,446.45	39.46	.051	62.73	2.00
CROSSOVERS/ALL OTH OUTPTNT	57	369	6,654.61	18.03	.301	116.75	5.44
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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	1,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	773	\$	54,394.50	\$ 70.37	.632	\$ 503.65	\$ 44.44
COMM HOSP INPATIENT TOTAL	16	96		40,005.55	416.72	.078	2500.35	32.68
HSC HOSPITALS	4	19		18,157.38	955.65	.016	4539.35	14.83
NON-HSC HOSPITALS TOTAL	2	5		9,295.02	1859.00	.004	4647.51	7.59
ACCOMMODATIONS	2	5		3,076.55	615.31	.004	1538.28	2.51
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5		3,076.55	615.31	.004	1538.28	2.51
ANCILLARIES	2	0		6,218.47	.00	.000	3109.24	5.08
INPATIENT CROSSOVERS	10	72		12,553.15	174.35	.059	1255.32	10.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	95	677		14,388.95	21.25	.553	151.46	11.76
MEDICAL	14	30		518.83	17.29	.025	37.06	.42
SURGERY	7	11		358.89	32.63	.009	51.27	.29
PATHOLOGY	28	167		1,549.97	9.28	.136	55.36	1.27
RADIOLOGY	20	38		2,860.20	75.27	.031	143.01	2.34
ROOM USE	39	62		2,446.45	39.46	.051	62.73	2.00
CROSSOVERS/ALL OTH OUTPTNT	57	369		6,654.61	18.03	.301	116.75	5.44
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	34	821	\$	96,824.24	\$ 117.93	.671	\$ 2847.77	\$ 79.10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	34	821		96,824.24	117.93	.671	2847.77	79.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	34	59	\$ 19,727.08	\$ 334.36	.048	\$ 580.21	\$ 16.12
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	34	59	19,727.08	334.36	.048	580.21	16.12
@REHABILITATION FACILITY	2	5	\$ 145.67	\$ 29.13	.004	\$ 72.84	\$.12
HOSPITAL BASED	0	0	20.72	.00	.000	.00	.02
INDEPENDENT FACILITY	2	5	124.95	24.99	.004	62.48	.10
@LABORATORY FACILITY	44	142	\$ 1,704.66	\$ 12.00	.116	\$ 38.74	\$ 1.39
PATHOLOGY	44	142	1,704.66	12.00	.116	38.74	1.39
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	116	254	\$ 28,976.47	\$ 114.08	.208	\$ 249.80	\$ 23.67
CLINIC	19	44	2,391.65	54.36	.036	125.88	1.95
SURGICENTER	11	52	2,862.19	55.04	.042	260.20	2.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	87	158	23,722.63	150.14	.129	272.67	19.38
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					----- MONTHLY AVERAGE -----			
1,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	220	58,882	\$ 143,192.35	\$ 2.43	48.106	\$ 650.87	\$ 116.99	
DURABLE MED. EQUIP.	18	104	23,073.51	221.86	.085	1281.86	18.85	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.02	
MEDICAL TRANSPORTATION	78	16,754	47,724.99	2.85	13.688	611.86	38.99	
AMBULANCES/AIR TRANS	9	63	2,139.85	33.97	.051	237.76	1.75	
OTHER TRANS	68	16,664	45,475.70	2.73	13.614	668.76	37.15	
OTHER SERVICES	2	27	109.44	4.05	.022	54.72	.09	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	25	364		24,336.27	66.86	.297	973.45	19.88
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	12	129		7,529.00	58.36	.105	627.42	6.15
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	30		355.15	11.84	.025	25.37	.29
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	16		1,823.07	113.94	.013	455.77	1.49
PROSTHETICS	4	16		1,823.07	113.94	.013	455.77	1.49
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	62		3,458.77	55.79	.051	230.58	2.83
HOSPICE SERVICES	2	48		5,173.00	107.77	.039	2586.50	4.23
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	44	9,324		24,550.49	2.63	7.618	557.97	20.06
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	53	32,049		5,038.10	.16	26.184	95.06	4.12
@CALIF. CHILDREN SERVICES*	41	1,515	\$	48,226.53	\$ 31.83	1.238	\$ 1176.26	\$ 39.40
@XOVER EXCLUDING STATE HOSP**	169	1,369	\$	50,072.38	\$ 36.58	1.118	\$ 296.29	\$ 40.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

43,859 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32,602	855,079	\$ 24,014,048.88	\$ 28.08	19.496	\$ 736.58	\$ 547.53
@PHYSICIANS SERVICES	10,016	33,159	\$ 1,326,542.51	\$ 40.01	.756	\$ 132.44	\$ 30.25
OUTPATIENT VISITS	5,852	9,118	337,126.17	36.97	.208	57.61	7.69
OFFICE VISITS	4,332	6,250	205,027.76	32.80	.143	47.33	4.67
HOME VISITS	65	92	3,225.87	35.06	.002	49.63	.07
EMERGENCY ROOM	1,550	1,991	107,377.97	53.93	.045	69.28	2.45
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	18	36	2,337.25	64.92	.001	129.85	.05
OTHER OUTPATIENT	605	749	19,157.32	25.58	.017	31.66	.44
INPATIENT VISITS	566	2,809	134,231.28	47.79	.064	237.16	3.06
HOSPITAL VISITS	451	2,506	112,300.38	44.81	.057	249.00	2.56
CRITICAL CARE	47	137	16,607.65	121.22	.003	353.35	.38
SNF/ICF/TRANS IP CARE	116	166	5,323.25	32.07	.004	45.89	.12
OPHTHALMOLOGICAL SERVICES	114	137	5,842.15	42.64	.003	51.25	.13
EXAMINATIONS	113	135	5,778.63	42.80	.003	51.14	.13
SERVICES AND MATERIALS	2	2	63.52	31.76	.000	31.76	.00
INPATIENT HOSPITAL SURGERY	283	1,824	182,047.12	99.81	.042	643.28	4.15
PRINCIPAL SURGEON	220	403	141,266.72	350.54	.009	642.12	3.22
ASSISTANT SURGEON	40	45	9,449.17	209.98	.001	236.23	.22
ANESTHESIOLOGIST	110	1,376	31,331.23	22.77	.031	284.83	.71
OUTPATIENT SURGERY	710	1,758	142,495.85	81.06	.040	200.70	3.25
PRINCIPAL SURGEON	582	758	111,380.06	146.94	.017	191.37	2.54
ASSISTANT SURGEON	8	8	917.61	114.70	.000	114.70	.02
ANESTHESIOLOGIST	182	992	30,198.18	30.44	.023	165.92	.69
DIALYSIS	51	164	15,419.64	94.02	.004	302.35	.35
PATHOLOGY	707	1,263	22,630.54	17.92	.029	32.01	.52

RADIOLOGY	2,257	4,482		231,557.93		51.66	.102	102.60	5.28
PSYCHIATRY	111	118		4,076.61		34.55	.003	36.73	.09
IMMUNIZATION AND INJECTION	389	1,183		20,341.10		17.19	.027	52.29	.46
OTHER SERVICES/ALL X-OVERS	3,810	10,303		230,774.12		22.40	.235	60.57	5.26
@PHARMACY	27,591	247,533	\$	11,571,695.45	\$	46.75	5.644	\$ 419.40	\$ 263.84
PRESCRIPTION DRUGS	27,341	120,538		10,673,963.87		88.55	2.748	390.40	243.37
SNF/ICF	776	7,357		376,745.23		51.21	.168	485.50	8.59
OUTPATIENTS	26,778	113,181		10,297,218.64		90.98	2.581	384.54	234.78
MEDICAL SUPPLIES	1,999	126,995		897,731.58		7.07	2.896	449.09	20.47
@DENTIST	3,116	12,579	\$	575,613.91	\$	45.76	.287	\$ 184.73	\$ 13.12
VISITS - DIAGNOSTIC	2,018	7,668		107,182.91		13.98	.175	53.11	2.44
ORAL SURGERY	392	1,044		51,560.25		49.39	.024	131.53	1.18
DRUGS	16	19		377.50		19.87	.000	23.59	.01
ANESTHESIA	15	15		1,450.00		96.67	.000	96.67	.03
PERIODONTICS	160	219		32,660.00		149.13	.005	204.13	.74
ENDODONTICS	219	308		67,367.25		218.72	.007	307.61	1.54
RESTORATIVE DENTISTRY	1,023	2,465		223,177.50		90.54	.056	218.16	5.09
PROSTHETICS	26	27		815.00		30.19	.001	31.35	.02
DENTURES, STAYPLATES	300	678		81,326.00		119.95	.015	271.09	1.85
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	8		250.00		31.25	.000	35.71	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	52	86		9,247.50		107.53	.002	177.84	.21
ALL OTHER SERVICES	41	42		200.00		4.76	.001	4.88	.00
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	43,859 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,048	2,837	\$	61,962.84	\$ 21.84	.065	\$ 59.12	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	471	476		21,756.02	45.71	.011	46.19	.50
EYE APPLIANCES	773	2,161		35,018.92	16.20	.049	45.30	.80
OTHER OPTOMETRIC SERVICES	146	200		5,187.90	25.94	.005	35.53	.12
@CHIROPRACTOR	222	398	\$	6,444.70	\$ 16.19	.009	\$ 29.03	\$.15
VISITS	209	374		6,110.66	16.34	.009	29.24	.14
OTHER SERVICES	13	24		334.04	13.92	.001	25.70	.01
@PODIATRIST	421	851	\$	13,474.03	\$ 15.83	.019	\$ 32.00	\$.31
MEDICINE/INJECTIONS	110	123		3,206.44	26.07	.003	29.15	.07
SURGERY/ANES.	13	17		981.44	57.73	.000	75.50	.02
RADIO./PATHOLOGY	5	5		86.50	17.30	.000	17.30	.00
OTHER	308	706		9,199.65	13.03	.016	29.87	.21
@HOME HEALTH AGENCY	221	8,462	\$	330,979.72	\$ 39.11	.193	\$ 1497.65	\$ 7.55
NURSE ANESTHESIST	11	159	\$	696.71	\$ 4.38	.004	\$ 63.34	\$.02
NURSE MIDWIFE	2	3	\$	665.24	\$ 221.75	.000	\$ 332.62	\$.02
PEDIATRIC NURSE PRACTITIONER	1	2	\$	56.03	\$ 28.02	.000	\$ 56.03	\$.00
FAMILY NURSE PRACTITIONER	26	43	\$	1,062.55	\$ 24.71	.001	\$ 40.87	\$.02
@TOTAL HOSPITAL	4,864	33,202	\$	4,565,354.33	\$ 137.50	.757	\$ 938.60	\$ 104.09
HOSP INPATIENT TOTAL	609	3,758		3,785,054.57	1007.20	.086	6215.20	86.30
HSC HOSPITALS	292	1,816		2,008,394.06	1105.94	.041	6878.06	45.79
NON-HSC HOSPITAL TOTAL	159	829		1,630,585.95	1966.93	.019	10255.26	37.18
ACCOMMODATIONS	159	829		527,563.35	636.39	.019	3318.01	12.03
ADMINISTRATIVE DAYS	12	95		21,949.91	231.05	.002	1829.16	.50
TRANSITIONAL IP CARE	0	0		25.17	.00	.000	.00	.00
ALL OTHER ACCOM	149	734		505,588.27	688.81	.017	3393.21	11.53
ANCILLARIES	159	0		1,103,022.60	.00	.000	6937.25	25.15

INPATIENT CROSSOVERS	172	1,113		146,074.56	131.24	.025	849.27	3.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,491	29,444		780,299.76	26.50	.671	173.75	17.79
MEDICAL	835	1,303		58,400.89	44.82	.030	69.94	1.33
SURGERY	355	386		45,005.08	116.59	.009	126.77	1.03
PATHOLOGY	1,640	9,127		87,137.45	9.55	.208	53.13	1.99
RADIOLOGY	1,135	1,808		154,942.80	85.70	.041	136.51	3.53
ROOM USE	2,480	3,731		154,111.95	41.31	.085	62.14	3.51
CROSSOVERS/ALL OTH OUTPTNT	2,450	13,089		280,701.59	21.45	.298	114.57	6.40
@COUNTY HOSPITAL TOTAL	46	208	\$	22,532.87	\$ 108.33	.005	\$ 489.85	\$.51
CO HOSPITAL INPATIENT TOTAL	3	18		17,017.48	945.42	.000	5672.49	.39
HSC HOSPITALS	3	18		17,017.48	945.42	.000	5672.49	.39
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	44	190		5,515.39	29.03	.004	125.35	.13
MEDICAL	16	20		856.38	42.82	.000	53.52	.02
SURGERY	1	2		232.65	116.33	.000	232.65	.01
PATHOLOGY	21	91		1,279.10	14.06	.002	60.91	.03
RADIOLOGY	2	3		245.77	81.92	.000	122.89	.01
ROOM USE	31	43		1,659.81	38.60	.001	53.54	.04
CROSSOVERS/ALL OTH OUTPTNT	10	31		1,241.68	40.05	.001	124.17	.03

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					----- MONTHLY AVERAGE -----			
43,859 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,826	32,994	\$ 4,542,821.46	\$ 137.69	.752	\$ 941.32	\$ 103.58	
COMM HOSP INPATIENT TOTAL	606	3,740	3,768,037.09	1007.50	.085	6217.88	85.91	
HSC HOSPITALS	289	1,798	1,991,376.58	1107.55	.041	6890.58	45.40	
NON-HSC HOSPITALS TOTAL	159	829	1,630,585.95	1966.93	.019	10255.26	37.18	
ACCOMMODATIONS	159	829	527,563.35	636.39	.019	3318.01	12.03	
ADMINISTRATIVE DAYS	12	95	21,949.91	231.05	.002	1829.16	.50	
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00	.00	
ALL OTHER ACCOM	149	734	505,588.27	688.81	.017	3393.21	11.53	
ANCILLARIES	159	0	1,103,022.60	.00	.000	6937.25	25.15	
INPATIENT CROSSOVERS	172	1,113	146,074.56	131.24	.025	849.27	3.33	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4,455	29,254	774,784.37	26.48	.667	173.91	17.67	
MEDICAL	821	1,283	57,544.51	44.85	.029	70.09	1.31	
SURGERY	354	384	44,772.43	116.59	.009	126.48	1.02	
PATHOLOGY	1,620	9,036	85,858.35	9.50	.206	53.00	1.96	
RADIOLOGY	1,133	1,805	154,697.03	85.70	.041	136.54	3.53	
ROOM USE	2,453	3,688	152,452.14	41.34	.084	62.15	3.48	
CROSSOVERS/ALL OTH OUTPTNT	2,440	13,058	279,459.91	21.40	.298	114.53	6.37	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	358	9,668	\$ 1,188,311.73	\$ 122.91	.220	\$ 3319.31	\$ 27.09	
LEV A-INTERMEDIATE	3	90	5,286.60	58.74	.002	1762.20	.12	

LEV B-REHAB MD	2	42		4,938.73		117.59	.001	2469.37	.11
LEV B-SUBACUTE FREESTANDING	2	30		9,841.50		328.05	.001	4920.75	.22
LEV B-SUBACUTE HSPTL BASED	1	31		16,709.31		539.01	.001	16709.31	.38
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	350	9,475		1,151,535.59		121.53	.216	3290.10	26.26
@INTERMEDIATE CARE FACIL.-DD	167	5,007	\$	805,398.76	\$	160.85	.114	\$ 4822.75	\$ 18.36
ICF DDH	85	2,536		370,679.63		146.17	.058	4360.94	8.45
ICF DD	6	182		23,452.52		128.86	.004	3908.75	.53
ICF DDN/DDCN	76	2,289		411,266.61		179.67	.052	5411.40	9.38
@HEMODIALYSIS TOTAL	178	4,682	\$	242,663.86	\$	51.83	.107	\$ 1363.28	\$ 5.53
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	178	4,682		242,663.86		51.83	.107	1363.28	5.53
@REHABILITATION FACILITY	30	129	\$	3,209.71	\$	24.88	.003	\$ 106.99	\$.07
HOSPITAL BASED	26	111		2,743.99		24.72	.003	105.54	.06
INDEPENDENT FACILITY	4	18		465.72		25.87	.000	116.43	.01
@LABORATORY FACILITY	2,497	10,808	\$	134,957.68	\$	12.49	.246	\$ 54.05	\$ 3.08
PATHOLOGY	2,484	10,794		134,818.55		12.49	.246	54.27	3.07
XO AND OTHERS	13	14		139.13		9.94	.000	10.70	.00
@ORGANIZED OUTPATIENT CLINIC	3,945	6,850	\$	1,045,399.39	\$	152.61	.156	\$ 264.99	\$ 23.84
CLINIC	270	653		15,557.11		23.82	.015	57.62	.35
SURGICENTER	93	416		19,752.52		47.48	.009	212.39	.45
HEROIN DETOX CLINIC	3	56		657.91		11.75	.001	219.30	.02
RURAL HEALTH CLINIC	3,615	5,725		1,009,431.85		176.32	.131	279.23	23.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

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43,859 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,891	478,707	\$ 2,139,559.73	\$ 4.47	10.915	\$ 363.19	\$ 48.78
DURABLE MED. EQUIP.	662	2,279	405,469.71	177.92	.052	612.49	9.24
BLOOD BANK	1	10	148.00	14.80	.000	148.00	.00
HEARING AID DISPENSERS	16	18	3,917.18	217.62	.000	244.82	.09
MEDICAL TRANSPORTATION	1,072	64,854	266,139.91	4.10	1.479	248.26	6.07
AMBULANCES/AIR TRANS	519	6,056	91,911.99	15.18	.138	177.09	2.10
OTHER TRANS	516	57,921	160,749.15	2.78	1.321	311.53	3.67
OTHER SERVICES	69	877	13,478.77	15.37	.020	195.34	.31
ACUPUNCTURE	25	54	931.30	17.25	.001	37.25	.02
ADULT DAY HEALTH CARE CTR	598	9,723	648,353.70	66.68	.222	1084.20	14.78
GENETIC DISEASE TESTING	7	7	622.00	88.86	.000	88.86	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	147	5,891	221,244.32	37.56	.134	1505.06	5.04
OCCUPATIONAL THERAPIST	21	267	1,801.85	6.75	.006	85.80	.04
OPTICIAN	903	2,044	24,675.20	12.07	.047	27.33	.56
PHYSICAL THERAPIST	31	360	4,365.64	12.13	.008	140.83	.10
PORTABLE X-RAY	6	7	103.49	14.78	.000	17.25	.00
PROSTHETIST/ORTHOTISTS	164	414	37,246.40	89.97	.009	227.11	.85
PROSTHETICS	157	405	36,836.33	90.95	.009	234.63	.84
ORTHOTICS	7	9	410.07	45.56	.000	58.58	.01
PSYCHOLOGIST	7	15	610.86	40.72	.000	87.27	.01
SPEECH AND AUDIOLOGY	861	3,625	147,979.37	40.82	.083	171.87	3.37
HOSPICE SERVICES	24	700	93,000.46	132.86	.016	3875.02	2.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	479	38,355	106,321.61	2.77	.875	221.97	2.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,476	350,084		176,628.73		.50	7.982	119.67	4.03
@CALIF. CHILDREN SERVICES*	614	15,620	\$	917,428.34	\$	58.73	.356	\$ 1494.18	\$ 20.92
@XOVER EXCLUDING STATE HOSP**	4,436	31,743	\$	574,328.00	\$	18.09	.724	\$ 129.47	\$ 13.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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PLACER COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
49,220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	22,991	104,560	\$ 5,182,570.22	\$ 49.57	2.124	\$ 225.42	\$ 105.29	
@PHYSICIANS SERVICES	11,039	23,727	\$ 943,984.65	\$ 39.79	.482	\$ 85.51	\$ 19.18	
OUTPATIENT VISITS	9,221	12,773	446,491.98	34.96	.260	48.42	9.07	
OFFICE VISITS	6,719	8,816	278,113.12	31.55	.179	41.39	5.65	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2,087	2,423	106,767.07	44.06	.049	51.16	2.17	
PREVENTIVE CARE	9	9	380.02	42.22	.000	42.22	.01	
OB VISITS/COMPRE PERI	315	509	37,106.95	72.90	.010	117.80	.75	
OTHER OUTPATIENT	854	1,016	24,124.82	23.74	.021	28.25	.49	
INPATIENT VISITS	243	734	33,978.00	46.29	.015	139.83	.69	
HOSPITAL VISITS	239	683	27,547.87	40.33	.014	115.26	.56	
CRITICAL CARE	16	51	6,430.13	126.08	.001	401.88	.13	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	37	40	1,334.23	33.36	.001	36.06	.03	
EXAMINATIONS	29	31	1,301.99	42.00	.001	44.90	.03	
SERVICES AND MATERIALS	9	9	32.24	3.58	.000	3.58	.00	
INPATIENT HOSPITAL SURGERY	270	1,156	162,076.62	140.20	.023	600.28	3.29	
PRINCIPAL SURGEON	170	202	130,791.16	647.48	.004	769.36	2.66	
ASSISTANT SURGEON	40	40	7,041.09	176.03	.001	176.03	.14	
ANESTHESIOLOGIST	113	914	24,244.37	26.53	.019	214.55	.49	

OUTPATIENT SURGERY	697	1,517		95,112.09		62.70	.031	136.46	1.93
PRINCIPAL SURGEON	569	671		73,115.65		108.97	.014	128.50	1.49
ASSISTANT SURGEON	5	5		465.62		93.12	.000	93.12	.01
ANESTHESIOLOGIST	169	841		21,530.82		25.60	.017	127.40	.44
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1,197	1,479		17,781.07		12.02	.030	14.85	.36
RADIOLOGY	1,876	2,636		120,533.22		45.73	.054	64.25	2.45
PSYCHIATRY	130	150		5,112.60		34.08	.003	39.33	.10
IMMUNIZATION AND INJECTION	255	692		14,031.39		20.28	.014	55.03	.29
OTHER SERVICES/ALL X-OVERS	796	2,550		47,533.45		18.64	.052	59.72	.97
@PHARMACY	10,717	25,443	\$	1,265,069.84	\$	49.72	.517	\$ 118.04	\$ 25.70
PRESCRIPTION DRUGS	10,659	23,954		1,246,640.67		52.04	.487	116.96	25.33
SNF/ICF	16	108		2,252.61		20.86	.002	140.79	.05
OUTPATIENTS	10,654	23,846		1,244,388.06		52.18	.484	116.80	25.28
MEDICAL SUPPLIES	214	1,489		18,429.17		12.38	.030	86.12	.37
@DENTIST	3,632	17,069	\$	619,585.34	\$	36.30	.347	\$ 170.59	\$ 12.59
VISITS - DIAGNOSTIC	2,543	10,736		160,421.06		14.94	.218	63.08	3.26
ORAL SURGERY	457	922		48,528.50		52.63	.019	106.19	.99
DRUGS	125	140		3,375.00		24.11	.003	27.00	.07
ANESTHESIA	18	18		1,600.00		88.89	.000	88.89	.03
PERIODONTICS	56	70		8,465.00		120.93	.001	151.16	.17
ENDODONTICS	333	642		102,297.25		159.34	.013	307.20	2.08
RESTORATIVE DENTISTRY	1,397	4,056		254,786.75		62.82	.082	182.38	5.18
PROSTHETICS	14	14		340.00		24.29	.000	24.29	.01
DENTURES, STAYPLATES	40	134		15,182.00		113.30	.003	379.55	.31
SPACE MAINTAINERS	38	47		5,611.00		119.38	.001	147.66	.11
MAXILLOFACIAL SERVICES	13	18		1,169.49		64.97	.000	89.96	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	148	187		16,974.29		90.77	.004	114.69	.34
ALL OTHER SERVICES	54	85		835.00		9.82	.002	15.46	.02
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PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

		----- MONTHLY AVERAGE -----						
49,220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	686	1,950	\$ 45,576.78	\$ 23.37	.040	\$ 66.44	\$.93	
DIAGNOSTIC AND ANC. PROCED	530	536	24,668.76	46.02	.011	46.54	.50	
EYE APPLIANCES	494	1,391	20,317.73	14.61	.028	41.13	.41	
OTHER OPTOMETRIC SERVICES	22	23	590.29	25.66	.000	26.83	.01	
@CHIROPRACTOR	78	112	\$ 1,868.46	\$ 16.68	.002	\$ 23.95	\$.04	
VISITS	78	112	1,868.46	16.68	.002	23.95	.04	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	68	114	\$ 4,717.57	\$ 41.38	.002	\$ 69.38	\$.10	
MEDICINE/INJECTIONS	54	66	2,153.42	32.63	.001	39.88	.04	
SURGERY/ANES.	13	16	1,219.29	76.21	.000	93.79	.02	
RADIO./PATHOLOGY	11	13	230.58	17.74	.000	20.96	.00	
OTHER	10	19	1,114.28	58.65	.000	111.43	.02	
@HOME HEALTH AGENCY	13	36	\$ 2,294.95	\$ 63.75	.001	\$ 176.53	\$.05	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	3	4	\$ 241.92	\$ 60.48	.000	\$ 80.64	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	1	1	\$ 75.17	\$ 75.17	.000	\$ 75.17	\$.00	
@TOTAL HOSPITAL	3,996	14,615	\$ 1,453,350.83	\$ 99.44	.297	\$ 363.70	\$ 29.53	
HOSP INPATIENT TOTAL	261	939	1,098,276.64	1169.62	.019	4207.96	22.31	
HSC HOSPITALS	175	531	607,953.67	1144.92	.011	3474.02	12.35	

NON-HSC HOSPITAL TOTAL	85	385	488,698.97	1269.35	.008	5749.40	9.93
ACCOMMODATIONS	85	385	209,599.65	544.41	.008	2465.88	4.26
ADMINISTRATIVE DAYS	1	2	480.78	240.39	.000	480.78	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	84	383	209,118.87	546.00	.008	2489.51	4.25
ANCILLARIES	85	0	279,099.32	.00	.000	3283.52	5.67
INPATIENT CROSSOVERS	2	23	1,624.00	70.61	.000	812.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,830	13,676	355,074.19	25.96	.278	92.71	7.21
MEDICAL	440	680	18,076.43	26.58	.014	41.08	.37
SURGERY	394	430	12,671.98	29.47	.009	32.16	.26
PATHOLOGY	1,203	4,453	47,143.92	10.59	.090	39.19	.96
RADIOLOGY	1,010	1,324	72,724.16	54.93	.027	72.00	1.48
ROOM USE	3,148	3,970	158,239.70	39.86	.081	50.27	3.21
CROSSOVERS/ALL OTH OUTPTNT	1,390	2,819	46,218.00	16.40	.057	33.25	.94
@COUNTY HOSPITAL TOTAL	14	33	\$ 7,593.33	\$ 230.10	.001	\$ 542.38	\$.15
CO HOSPITAL INPATIENT TOTAL	2	6	6,515.00	1085.83	.000	3257.50	.13
HSC HOSPITALS	2	6	6,515.00	1085.83	.000	3257.50	.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	27	1,078.33	39.94	.001	77.02	.02
MEDICAL	7	8	349.01	43.63	.000	49.86	.01
SURGERY	0	0	1.56	.00	.000	.00	.00
PATHOLOGY	1	0	.00	.00	.000	.00	.00
RADIOLOGY	3	2	229.95	114.98	.000	76.65	.00
ROOM USE	11	12	466.57	38.88	.000	42.42	.01
CROSSOVERS/ALL OTH OUTPTNT	6	5	31.24	6.25	.000	5.21	.00

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					----- MONTHLY AVERAGE -----			
49,220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,986	14,582	\$ 1,445,757.50	\$ 99.15	.296	\$ 362.71	\$ 29.37	
COMM HOSP INPATIENT TOTAL	259	933	1,091,761.64	1170.16	.019	4215.30	22.18	
HSC HOSPITALS	173	525	601,438.67	1145.60	.011	3476.52	12.22	
NON-HSC HOSPITALS TOTAL	85	385	488,698.97	1269.35	.008	5749.40	9.93	
ACCOMMODATIONS	85	385	209,599.65	544.41	.008	2465.88	4.26	
ADMINISTRATIVE DAYS	1	2	480.78	240.39	.000	480.78	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	84	383	209,118.87	546.00	.008	2489.51	4.25	
ANCILLARIES	85	0	279,099.32	.00	.000	3283.52	5.67	
INPATIENT CROSSOVERS	2	23	1,624.00	70.61	.000	812.00	.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,819	13,649	353,995.86	25.94	.277	92.69	7.19	
MEDICAL	433	672	17,727.42	26.38	.014	40.94	.36	
SURGERY	394	430	12,670.42	29.47	.009	32.16	.26	
PATHOLOGY	1,202	4,453	47,143.92	10.59	.090	39.22	.96	
RADIOLOGY	1,007	1,322	72,494.21	54.84	.027	71.99	1.47	
ROOM USE	3,140	3,958	157,773.13	39.86	.080	50.25	3.21	

CROSSOVERS/ALL OTH OUTPTNT	1,384	2,814		46,186.76		16.41	.057	33.37	.94
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	427.03	\$	427.03	.000	\$ 427.03	\$.01
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		427.03		427.03	.000	427.03	.01
@REHABILITATION FACILITY	3	4	\$	311.64	\$	77.91	.000	\$ 103.88	\$.01
HOSPITAL BASED	3	4		311.64		77.91	.000	103.88	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2,151	6,293	\$	93,882.88	\$	14.92	.128	\$ 43.65	\$ 1.91
PATHOLOGY	2,151	6,293		93,882.88		14.92	.128	43.65	1.91
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,623	5,436	\$	625,413.26	\$	115.05	.110	\$ 238.43	\$ 12.71
CLINIC	721	2,311		59,397.41		25.70	.047	82.38	1.21
SURGICENTER	63	385		13,081.49		33.98	.008	207.64	.27
HEROIN DETOX CLINIC	1	20		231.69		11.58	.000	231.69	.00
RURAL HEALTH CLINIC	1,874	2,720		552,702.67		203.20	.055	294.93	11.23
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
49,220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,329	9,755	\$ 125,769.90	\$ 12.89	.198	\$ 54.00	\$ 2.56	
DURABLE MED. EQUIP.	112	185	8,109.95	43.84	.004	72.41	.16	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	222	3,300	43,762.61	13.26	.067	197.13	.89	
AMBULANCES/AIR TRANS	219	2,977	39,677.76	13.33	.060	181.18	.81	
OTHER TRANS	3	321	484.85	1.51	.007	161.62	.01	
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.07	
ACUPUNCTURE	4	10	162.20	16.22	.000	40.55	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	96	97	7,705.00	79.43	.002	80.26	.16	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	506	1,092	9,984.15	9.14	.022	19.73	.20	
PHYSICAL THERAPIST	3	59	732.97	12.42	.001	244.32	.01	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	47	79	4,908.87	62.14	.002	104.44	.10	
PROSTHETICS	44	74	4,602.18	62.19	.002	104.60	.09	
ORTHOTICS	3	5	306.69	61.34	.000	102.23	.01	
PSYCHOLOGIST	14	67	2,760.26	41.20	.001	197.16	.06	
SPEECH AND AUDIOLOGY	53	86	5,280.27	61.40	.002	99.63	.11	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,311	4,757	41,569.24	8.74	.097	31.71	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	23	794.38	34.54	.000	198.60	.02
@CALIF. CHILDREN SERVICES*	182	1,664	\$ 236,064.46	\$ 141.87	.034	\$ 1297.06	\$ 4.80
@XOVER EXCLUDING STATE HOSP**	18	51	\$ 3,056.85	\$ 59.94	.001	\$ 169.83	\$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,209
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE		

	105,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	64,610	1,294,167	\$ 33,014,777.71	\$ 25.51	12.284	\$ 510.99	\$ 313.38	
@PHYSICIANS SERVICES	22,722	61,284	\$ 2,361,629.75	\$ 38.54	.582	\$ 103.94	\$ 22.42	
OUTPATIENT VISITS	15,298	22,216	795,541.20	35.81	.211	52.00	7.55	
OFFICE VISITS	11,250	15,338	491,871.25	32.07	.146	43.72	4.67	
HOME VISITS	65	92	3,225.87	35.06	.001	49.63	.03	
EMERGENCY ROOM	3,668	4,460	217,078.52	48.67	.042	59.18	2.06	
PREVENTIVE CARE	9	9	380.02	42.22	.000	42.22	.00	
OB VISITS/COMPRE PERI	334	546	39,570.51	72.47	.005	118.47	.38	
OTHER OUTPATIENT	1,465	1,771	43,415.03	24.51	.017	29.63	.41	
INPATIENT VISITS	827	3,583	170,472.46	47.58	.034	206.13	1.62	
HOSPITAL VISITS	705	3,226	141,957.75	44.00	.031	201.36	1.35	
CRITICAL CARE	63	188	23,037.78	122.54	.002	365.68	.22	
SNF/ICF/TRANS IP CARE	119	169	5,476.93	32.41	.002	46.02	.05	
OPHTHALMOLOGICAL SERVICES	168	196	7,998.97	40.81	.002	47.61	.08	
EXAMINATIONS	159	185	7,903.21	42.72	.002	49.71	.08	
SERVICES AND MATERIALS	11	11	95.76	8.71	.000	8.71	.00	
INPATIENT HOSPITAL SURGERY	557	3,019	346,986.53	114.93	.029	622.96	3.29	
PRINCIPAL SURGEON	393	609	274,004.70	449.93	.006	697.21	2.60	
ASSISTANT SURGEON	80	85	16,490.26	194.00	.001	206.13	.16	
ANESTHESIOLOGIST	225	2,325	56,491.57	24.30	.022	251.07	.54	
OUTPATIENT SURGERY	1,437	3,340	245,029.60	73.36	.032	170.51	2.33	
PRINCIPAL SURGEON	1,174	1,456	190,516.09	130.85	.014	162.28	1.81	
ASSISTANT SURGEON	13	13	1,383.23	106.40	.000	106.40	.01	
ANESTHESIOLOGIST	362	1,871	53,130.28	28.40	.018	146.77	.50	
DIALYSIS	51	164	15,419.64	94.02	.002	302.35	.15	
PATHOLOGY	1,935	2,786	41,148.86	14.77	.026	21.27	.39	
RADIOLOGY	4,216	7,256	363,026.02	50.03	.069	86.11	3.45	
PSYCHIATRY	243	272	9,334.93	34.32	.003	38.42	.09	
IMMUNIZATION AND INJECTION	658	1,900	34,583.31	18.20	.018	52.56	.33	
OTHER SERVICES/ALL X-OVERS	6,013	16,552	332,088.23	20.06	.157	55.23	3.15	
@PHARMACY	46,279	368,088	\$ 14,690,035.49	\$ 39.91	3.494	\$ 317.42	\$ 139.44	
PRESCRIPTION DRUGS	45,853	175,045	13,676,232.47	78.13	1.662	298.26	129.81	
SNF/ICF	1,080	9,364	462,206.54	49.36	.089	427.97	4.39	
OUTPATIENTS	45,042	165,681	13,214,025.93	79.76	1.573	293.37	125.43	
MEDICAL SUPPLIES	2,985	193,043	1,013,803.02	5.25	1.832	339.63	9.62	
@DENTIST	7,259	31,535	\$ 1,285,644.80	\$ 40.77	.299	\$ 177.11	\$ 12.20	
VISITS - DIAGNOSTIC	4,893	19,509	283,327.66	14.52	.185	57.90	2.69	
ORAL SURGERY	918	2,181	110,642.11	50.73	.021	120.53	1.05	

DRUGS	142	160	3,777.50	23.61	.002	26.60	.04
ANESTHESIA	35	35	3,250.00	92.86	.000	92.86	.03
PERIODONTICS	235	312	44,045.00	141.17	.003	187.43	.42
ENDODONTICS	572	977	175,944.50	180.09	.009	307.60	1.67
RESTORATIVE DENTISTRY	2,546	6,798	501,857.25	73.82	.065	197.12	4.76
PROSTHETICS	47	48	1,265.00	26.35	.000	26.91	.01
DENTURES, STAYPLATES	434	1,030	127,248.50	123.54	.010	293.20	1.21
SPACE MAINTAINERS	38	47	5,611.00	119.38	.000	147.66	.05
MAXILLOFACIAL SERVICES	20	26	1,419.49	54.60	.000	70.97	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	200	273	26,221.79	96.05	.003	131.11	.25
ALL OTHER SERVICES	105	139	1,035.00	7.45	.001	9.86	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

	105,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,981	5,437	\$	122,338.60	\$ 22.50	.052	\$ 61.76	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	1,058	1,068		49,087.42	45.96	.010	46.40	.47
EYE APPLIANCES	1,440	4,041		65,568.80	16.23	.038	45.53	.62
OTHER OPTOMETRIC SERVICES	238	328		7,682.38	23.42	.003	32.28	.07
@CHIROPRACTOR	300	510	\$	8,313.16	\$ 16.30	.005	\$ 27.71	\$.08
VISITS	287	486		7,979.12	16.42	.005	27.80	.08
OTHER SERVICES	13	24		334.04	13.92	.000	25.70	.00
@PODIATRIST	608	1,131	\$	20,097.21	\$ 17.77	.011	\$ 33.05	\$.19
MEDICINE/INJECTIONS	165	190		5,410.86	28.48	.002	32.79	.05
SURGERY/ANES.	26	33		2,200.73	66.69	.000	84.64	.02
RADIO./PATHOLOGY	16	18		317.08	17.62	.000	19.82	.00
OTHER	436	890		12,168.54	13.67	.008	27.91	.12
@HOME HEALTH AGENCY	237	8,519	\$	334,790.54	\$ 39.30	.081	\$ 1412.62	\$ 3.18
NURSE ANESTHESIST	16	217	\$	980.50	\$ 4.52	.002	\$ 61.28	\$.01

NURSE MIDWIFE	5	7	\$	907.16	\$	129.59	.000	\$	181.43	\$	.01
PEDIATRIC NURSE PRACTITIONER	1	2	\$	56.03	\$	28.02	.000	\$	56.03	\$	.00
FAMILY NURSE PRACTITIONER	28	45	\$	1,161.72	\$	25.82	.000	\$	41.49	\$	.01
@TOTAL HOSPITAL	9,424	51,502	\$	6,372,718.88	\$	123.74	.489	\$	676.22	\$	60.49	
HOSP INPATIENT TOTAL	993	5,383		5,179,481.85		962.19	.051		5215.99		49.16	
HSC HOSPITALS	500	2,501		2,767,271.23		1106.47	.024		5534.54		26.27	
NON-HSC HOSPITAL TOTAL	256	1,261		2,198,756.59		1743.66	.012		8588.89		20.87	
ACCOMMODATIONS	256	1,261		761,644.25		604.00	.012		2975.17		7.23	
ADMINISTRATIVE DAYS	15	103		23,779.44		230.87	.001		1585.30		.23	
TRANSITIONAL IP CARE	0	0		25.17		.00	.000		.00		.00	
ALL OTHER ACCOM	243	1,158		737,839.64		637.17	.011		3036.38		7.00	
ANCILLARIES	256	0		1,437,112.34		.00	.000		5613.72		13.64	
INPATIENT CROSSOVERS	254	1,621		213,454.03		131.68	.015		840.37		2.03	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	8,775	46,119		1,193,237.03		25.87	.438		135.98		11.33	
MEDICAL	1,293	2,019		77,129.58		38.20	.019		59.65		.73	
SURGERY	758	828		57,945.85		69.98	.008		76.45		.55	
PATHOLOGY	2,880	13,771		136,145.58		9.89	.131		47.27		1.29	
RADIOLOGY	2,169	3,178		231,073.42		72.71	.030		106.53		2.19	
ROOM USE	5,675	7,768		315,018.65		40.55	.074		55.51		2.99	
CROSSOVERS/ALL OTH OUTPTNT	4,242	18,555		375,923.95		20.26	.176		88.62		3.57	
@COUNTY HOSPITAL TOTAL	65	248	\$	30,316.98	\$	122.25	.002	\$	466.42	\$	.29
CO HOSPITAL INPATIENT TOTAL	5	24		23,532.48		980.52	.000		4706.50		.22	
HSC HOSPITALS	5	24		23,532.48		980.52	.000		4706.50		.22	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	63	224		6,784.50		30.29	.002		107.69		.06	
MEDICAL	23	28		1,205.39		43.05	.000		52.41		.01	
SURGERY	1	2		234.21		117.11	.000		234.21		.00	
PATHOLOGY	22	91		1,279.10		14.06	.001		58.14		.01	
RADIOLOGY	5	5		475.72		95.14	.000		95.14		.00	
ROOM USE	42	55		2,126.38		38.66	.001		50.63		.02	
CROSSOVERS/ALL OTH OUTPTNT	21	43		1,463.70		34.04	.000		69.70		.01	
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PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE											

					----- MONTHLY AVERAGE -----			
105,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9,371	51,254	\$ 6,342,401.90	\$ 123.74	.487	\$ 676.81	\$ 60.20	
COMM HOSP INPATIENT TOTAL	988	5,359	5,155,949.37	962.11	.051	5218.57	48.94	
HSC HOSPITALS	495	2,477	2,743,738.75	1107.69	.024	5542.91	26.04	
NON-HSC HOSPITALS TOTAL	256	1,261	2,198,756.59	1743.66	.012	8588.89	20.87	
ACCOMMODATIONS	256	1,261	761,644.25	604.00	.012	2975.17	7.23	
ADMINISTRATIVE DAYS	15	103	23,779.44	230.87	.001	1585.30	.23	
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00	.00	
ALL OTHER ACCOM	243	1,158	737,839.64	637.17	.011	3036.38	7.00	
ANCILLARIES	256	0	1,437,112.34	.00	.000	5613.72	13.64	
INPATIENT CROSSOVERS	254	1,621	213,454.03	131.68	.015	840.37	2.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	8,723	45,895		1,186,452.53		25.85	.436	136.01	11.26
MEDICAL	1,272	1,991		75,924.19		38.13	.019	59.69	.72
SURGERY	757	826		57,711.64		69.87	.008	76.24	.55
PATHOLOGY	2,859	13,680		134,866.48		9.86	.130	47.17	1.28
RADIOLOGY	2,164	3,173		230,597.70		72.67	.030	106.56	2.19
ROOM USE	5,640	7,713		312,892.27		40.57	.073	55.48	2.97
CROSSOVERS/ALL OTH OUTPTNT	4,221	18,512		374,460.25		20.23	.176	88.71	3.55
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	618	16,161	\$	1,977,307.42	\$	122.35	.153	3199.53	18.77
LEV A-INTERMEDIATE	9	249		15,781.79		63.38	.002	1753.53	.15
LEV B-REHAB MD	2	42		4,938.73		117.59	.000	2469.37	.05
LEV B-SUBACUTE FREESTANDING	2	30		9,841.50		328.05	.000	4920.75	.09
LEV B-SUBACUTE HSPTL BASED	1	31		16,709.31		539.01	.000	16709.31	.16
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	604	15,809		1,930,036.09		122.08	.150	3195.42	18.32
@INTERMEDIATE CARE FACIL.-DD	167	5,007	\$	805,398.76	\$	160.85	.048	4822.75	7.64
ICF DDH	85	2,536		370,679.63		146.17	.024	4360.94	3.52
ICF DD	6	182		23,452.52		128.86	.002	3908.75	.22
ICF DDN/DDCN	76	2,289		411,266.61		179.67	.022	5411.40	3.90
@HEMODIALYSIS TOTAL	230	4,770	\$	273,869.02	\$	57.41	.045	1190.73	2.60
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	230	4,770		273,869.02		57.41	.045	1190.73	2.60
@REHABILITATION FACILITY	35	138	\$	3,667.02	\$	26.57	.001	104.77	.03
HOSPITAL BASED	29	115		3,076.35		26.75	.001	106.08	.03
INDEPENDENT FACILITY	6	23		590.67		25.68	.000	98.45	.01
@LABORATORY FACILITY	4,735	17,371	\$	231,827.45	\$	13.35	.165	48.96	2.20
PATHOLOGY	4,716	17,349		231,659.67		13.35	.165	49.12	2.20
XO AND OTHERS	19	22		167.78		7.63	.000	8.83	.00
@ORGANIZED OUTPATIENT CLINIC	6,973	12,984	\$	1,752,855.51	\$	135.00	.123	251.38	16.64
CLINIC	1,013	3,011		77,481.82		25.73	.029	76.49	.74
SURGICENTER	197	899		41,254.39		45.89	.009	209.41	.39
HEROIN DETOX CLINIC	4	76		889.60		11.71	.001	222.40	.01
RURAL HEALTH CLINIC	5,833	8,998		1,633,229.70		181.51	.085	280.00	15.50

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,212
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

					----- MONTHLY AVERAGE -----			
105,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	9,922	709,459	\$ 2,771,178.69	\$ 3.91	6.734	\$ 279.30	\$ 26.30	
DURABLE MED. EQUIP.	846	2,729	445,163.52	163.12	.026	526.20	4.23	
BLOOD BANK	1	10	148.00	14.80	.000	148.00	.00	
HEARING AID DISPENSERS	33	45	8,977.83	199.51	.000	272.06	.09	
MEDICAL TRANSPORTATION	1,542	95,974	385,434.67	4.02	.911	249.96	3.66	
AMBULANCES/AIR TRANS	758	9,220	135,373.12	14.68	.088	178.59	1.28	
OTHER TRANS	722	85,510	231,081.33	2.70	.812	320.06	2.19	
OTHER SERVICES	102	1,244	18,980.22	15.26	.012	186.08	.18	
ACUPUNCTURE	36	76	1,320.57	17.38	.001	36.68	.01	
ADULT DAY HEALTH CARE CTR	844	12,640	841,254.67	66.55	.120	996.75	7.99	
GENETIC DISEASE TESTING	104	105	8,432.00	80.30	.001	81.08	.08	
IHMC,MODEL-NF,NF,AIDS,MSSP	238	6,809	271,098.59	39.81	.065	1139.07	2.57	
OCCUPATIONAL THERAPIST	21	267	1,801.85	6.75	.003	85.80	.02	
OPTICIAN	1,647	3,655	41,259.42	11.29	.035	25.05	.39	
PHYSICAL THERAPIST	34	419	5,098.61	12.17	.004	149.96	.05	

PORTABLE X-RAY	6	7	103.49	14.78	.000	17.25	.00
PROSTHETIST/ORTHOTISTS	239	560	45,580.11	81.39	.005	190.71	.43
PROSTHETICS	228	545	44,766.85	82.14	.005	196.35	.42
ORTHOTICS	11	15	813.26	54.22	.000	73.93	.01
PSYCHOLOGIST	22	83	3,413.61	41.13	.001	155.16	.03
SPEECH AND AUDIOLOGY	997	3,892	172,090.80	44.22	.037	172.61	1.63
HOSPICE SERVICES	35	943	119,109.78	126.31	.009	3403.14	1.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,834	52,436	172,441.34	3.29	.498	94.02	1.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,299	528,809	248,449.83	.47	5.019	108.07	2.36
@CALIF. CHILDREN SERVICES*	837	18,799	\$ 1,201,719.33	\$ 63.92	.178	\$ 1435.75	\$ 11.41
@XOVER EXCLUDING STATE HOSP**	6,897	44,128	\$ 888,947.57	\$ 20.14	.419	\$ 128.89	\$ 8.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,213
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U

4,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,828	67,114	\$ 1,398,894.00	\$ 20.84	15.677	\$ 494.66	\$ 326.77
@PHYSICIANS SERVICES	521	1,344	\$ 38,660.29	\$ 28.77	.314	\$ 74.20	\$ 9.03
OUTPATIENT VISITS	120	151	5,433.80	35.99	.035	45.28	1.27
OFFICE VISITS	109	137	4,691.85	34.25	.032	43.04	1.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11	11	665.31	60.48	.003	60.48	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	76.64	25.55	.001	25.55	.02
INPATIENT VISITS	13	49	2,125.40	43.38	.011	163.49	.50
HOSPITAL VISITS	11	41	1,886.00	46.00	.010	171.45	.44
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	8	239.40	29.93	.002	119.70	.06
OPHTHALMOLOGICAL SERVICES	11	12	450.15	37.51	.003	40.92	.11
EXAMINATIONS	11	12	450.15	37.51	.003	40.92	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	38	3,625.52	95.41	.009	604.25	.85
PRINCIPAL SURGEON	3	3	2,570.31	856.77	.001	856.77	.60
ASSISTANT SURGEON	1	1	297.84	297.84	.000	297.84	.07
ANESTHESIOLOGIST	3	34	757.37	22.28	.008	252.46	.18
OUTPATIENT SURGERY	20	52	7,084.35	136.24	.012	354.22	1.65
PRINCIPAL SURGEON	14	14	6,063.46	433.10	.003	433.10	1.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	38	1,020.89	26.87	.009	127.61	.24
DIALYSIS	1	1	225.04	225.04	.000	225.04	.05
PATHOLOGY	13	16	365.35	22.83	.004	28.10	.09
RADIOLOGY	62	110	4,272.86	38.84	.026	68.92	1.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	16	98.14	6.13	.004	12.27	.02
OTHER SERVICES/ALL X-OVERS	368	899	14,979.68	16.66	.210	40.71	3.50
@PHARMACY	2,364	37,810	\$ 517,449.07	\$ 13.69	8.832	\$ 218.89	\$ 120.87
PRESCRIPTION DRUGS	2,341	8,801	504,535.58	57.33	2.056	215.52	117.85

SNF/ICF	125	579	27,131.90	46.86	.135	217.06	6.34
OUTPATIENTS	2,235	8,222	477,403.68	58.06	1.921	213.60	111.52
MEDICAL SUPPLIES	132	29,009	12,913.49	.45	6.776	97.83	3.02
@DENTIST	260	1,124	\$ 51,894.70	\$ 46.17	.263	\$ 199.60	\$ 12.12
VISITS - DIAGNOSTIC	167	641	9,124.70	14.24	.150	54.64	2.13
ORAL SURGERY	27	84	3,721.00	44.30	.020	137.81	.87
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	2	200.00	100.00	.000	200.00	.05
PERIODONTICS	5	5	800.00	160.00	.001	160.00	.19
ENDODONTICS	17	25	5,525.00	221.00	.006	325.00	1.29
RESTORATIVE DENTISTRY	81	154	16,825.00	109.25	.036	207.72	3.93
PROSTHETICS	4	5	150.00	30.00	.001	37.50	.04
DENTURES, STAYPLATES	53	202	15,549.00	76.98	.047	293.38	3.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	6	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - AGED

PAGE 9,214
01/17/03

4,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	69	174	\$ 3,667.45	\$ 21.08	.041	\$ 53.15	\$.86
DIAGNOSTIC AND ANC. PROCED	22	22	1,024.26	46.56	.005	46.56	.24
EYE APPLIANCES	45	122	2,125.47	17.42	.028	47.23	.50
OTHER OPTOMETRIC SERVICES	18	30	517.72	17.26	.007	28.76	.12
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	19	27	\$ 250.59	\$ 9.28	.006	\$ 13.19	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	27	250.59	9.28	.006	13.19	.06
@HOME HEALTH AGENCY	4	32	\$ 2,104.60	\$ 65.77	.007	\$ 526.15	\$.49
NURSE ANESTHESIST	1	4	14.67	3.67	.001	14.67	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	149	901	\$ 62,631.83	\$ 69.51	.210	\$ 420.35	\$ 14.63
HOSP INPATIENT TOTAL	19	73	40,839.62	559.45	.017	2149.45	9.54
HSC HOSPITALS	7	30	33,065.00	1102.17	.007	4723.57	7.72
NON-HSC HOSPITAL TOTAL	0	0	21.05CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	21.05CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	21.05CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	43	7,795.67	181.29	.010	649.64	1.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	133	828	21,792.21	26.32	.193	163.85	5.09
MEDICAL	11	14	512.25	36.59	.003	46.57	.12
SURGERY	9	9	950.16	105.57	.002	105.57	.22
PATHOLOGY	15	68	751.60	11.05	.016	50.11	.18

RADIOLOGY	11	21		1,929.72	91.89	.005	175.43	.45
ROOM USE	21	25		1,561.06	62.44	.006	74.34	.36
CROSSOVERS/ALL OTH OUTPTNT	102	691		16,087.42	23.28	.161	157.72	3.76
@COUNTY HOSPITAL TOTAL	1	3	\$	54.71	\$ 18.24	.001	\$ 54.71	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3		54.71	18.24	.001	54.71	.01
MEDICAL	1	1		10.25	10.25	.000	10.25	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		18.48	18.48	.000	18.48	.00
ROOM USE	1	1		25.39	25.39	.000	25.39	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.59	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,215
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

						----- MONTHLY AVERAGE -----		
4,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	148	898	\$	62,577.12	\$ 69.68	.210	\$ 422.82	\$ 14.62
COMM HOSP INPATIENT TOTAL	19	73		40,839.62	559.45	.017	2149.45	9.54
HSC HOSPITALS	7	30		33,065.00	1102.17	.007	4723.57	7.72
NON-HSC HOSPITALS TOTAL	0	0		21.05CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0		21.05CR	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		21.05CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	43		7,795.67	181.29	.010	649.64	1.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	132	825		21,737.50	26.35	.193	164.68	5.08
MEDICAL	10	13		502.00	38.62	.003	50.20	.12
SURGERY	9	9		950.16	105.57	.002	105.57	.22
PATHOLOGY	15	68		751.60	11.05	.016	50.11	.18
RADIOLOGY	10	20		1,911.24	95.56	.005	191.12	.45
ROOM USE	20	24		1,535.67	63.99	.006	76.78	.36
CROSSOVERS/ALL OTH OUTPTNT	102	691		16,086.83	23.28	.161	157.71	3.76
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	142	3,692	\$	531,391.05	\$ 143.93	.862	\$ 3742.19	\$ 124.13
LEV A-INTERMEDIATE	14	433		32,708.48	75.54	.101	2336.32	7.64
LEV B-REHAB MD	1	5		604.65	120.93	.001	604.65	.14
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	241		125,430.62	520.46	.056	20905.10	29.30
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	125	3,013		372,647.30	123.68	.704	2981.18	87.05
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	214	\$	21,447.85	\$ 100.22	.050	\$ 1531.99	\$ 5.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	214		21,447.85	100.22	.050	1531.99	5.01
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	76	313	\$	3,452.18	\$ 11.03	.073	\$ 45.42	\$.81
PATHOLOGY	75	312		3,449.69	11.06	.073	46.00	.81
XO AND OTHERS	1	1		2.49	2.49	.000	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	115	184	\$	23,149.23	\$ 125.81	.043	\$ 201.30	\$ 5.41
CLINIC	7	15		376.32	25.09	.004	53.76	.09
SURGICENTER	6	23		1,435.48	62.41	.005	239.25	.34
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	102	146		21,337.43	146.15	.034	209.19	4.98

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,281 ELIGIBLES							
@ALL OTHER PROVIDERS	351	21,294	\$ 142,763.77	\$ 6.70	4.974	\$ 406.73	\$ 33.35
DURABLE MED. EQUIP.	21	129	7,866.69	60.98	.030	374.60	1.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	7	2,081.93	297.42	.002	693.98	.49
MEDICAL TRANSPORTATION	58	2,511	10,791.72	4.30	.587	186.06	2.52
AMBULANCES/AIR TRANS	2	7	211.88	30.27	.002	105.94	.05
OTHER TRANS	44	2,411	9,462.32	3.92	.563	215.05	2.21
OTHER SERVICES	13	93	1,117.52	12.02	.022	85.96	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	91	1,428	94,938.30	66.48	.334	1043.28	22.18
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	7	32	2,826.06	88.31	.007	403.72	.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	65	149	1,822.48	12.23	.035	28.04	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.30	.65	.000	1.30	.00
PROSTHETIST/ORTHOTISTS	2	3	135.67	45.22	.001	67.84	.03
PROSTHETICS	2	3	135.67	45.22	.001	67.84	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	23	37	7,000.03	189.19	.009	304.35	1.64
HOSPICE SERVICES	2	57	6,114.96	107.28	.013	3057.48	1.43
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	103	16,939	9,184.63	.54	3.957	89.17	2.15
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	518	2,189	\$ 73,100.66	\$ 33.39	.511	\$ 141.12	\$ 17.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,217
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	198	\$ 21,534.46	\$ 108.76	13.200	\$ 1266.73	\$ 1435.63
@PHYSICIANS SERVICES	3	9	\$ 239.01	\$ 26.56	.600	\$ 79.67	\$ 15.93
OUTPATIENT VISITS	1	1	81.40	81.40	.067	81.40	5.43
OFFICE VISITS	1	1	81.40	81.40	.067	81.40	5.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.000		.00	.00	
PSYCHIATRY	0	0		.00		.000		.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00	.00	
OTHER SERVICES/ALL X-OVERS	2	8		157.61		.533		78.81	10.51	
@PHARMACY	13	45	\$	2,817.13	\$	62.60	3.000	216.70	187.81	
PRESCRIPTION DRUGS	13	45		2,817.13		62.60	3.000	216.70	187.81	
SNF/ICF	6	12		321.99		26.83	.800	53.67	21.47	
OUTPATIENTS	8	33		2,495.14		75.61	2.200	311.89	166.34	
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00	
@DENTIST	2	15	\$	120.00	\$	8.00	1.000	60.00	8.00	
VISITS - DIAGNOSTIC	2	4		75.00		18.75	.267	37.50	5.00	
ORAL SURGERY	1	1		45.00		45.00	.067	45.00	3.00	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	10		.00		.00	.667	.00	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 9,218
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND									AID CODE 24

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 5.80	\$ 5.80	.067	\$ 5.80	\$.39
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.80	5.80	.067	5.80	.39
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$ 82.00	\$.00	.000	\$.00	\$ 5.47
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	82.00	.00	.000	.00	5.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	82.00	.00	.000	.00	5.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,219
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 82.00	\$.00	.000	\$.00	\$ 5.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	82.00	.00	.000	.00	5.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	82.00	.00	.000	.00	5.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	92	\$ 11,300.48	\$ 122.83	6.133	\$ 2260.10	\$ 753.37
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	5	92		11,300.48	122.83	6.133	2260.10	753.37	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	4	36	\$	6,486.27	\$ 180.17	2.400	\$ 1621.57	\$ 432.42	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	4	36		6,486.27	180.17	2.400	1621.57	432.42	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	483.77	\$.00	.000	\$.00	\$ 32.25	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		483.77	.00	.000	.00	32.25	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,220
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	13	\$ 2,934.84	\$ 225.76	.867	\$ 366.86	\$ 195.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,221
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

4,380 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,562	89,124	\$ 3,335,205.99	\$ 37.42	20.348	\$ 936.33	\$ 761.46
@PHYSICIANS SERVICES	972	5,071	\$ 213,192.80	\$ 42.04	1.158	\$ 219.33	\$ 48.67
OUTPATIENT VISITS	393	610	23,944.16	39.25	.139	60.93	5.47
OFFICE VISITS	286	445	14,596.77	32.80	.102	51.04	3.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	106	125	8,144.78	65.16	.029	76.84	1.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	37	40	1,202.61	30.07	.009	32.50	.27
INPATIENT VISITS	109	921	38,316.98	41.60	.210	351.53	8.75
HOSPITAL VISITS	106	843	31,038.16	36.82	.192	292.81	7.09
CRITICAL CARE	13	72	7,057.10	98.02	.016	542.85	1.61
SNF/ICF/TRANS IP CARE	4	6	221.72	36.95	.001	55.43	.05
OPHTHALMOLOGICAL SERVICES	10	12	482.69	40.22	.003	48.27	.11
EXAMINATIONS	10	12	482.69	40.22	.003	48.27	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	423	47,763.02	112.91	.097	702.40	10.90
PRINCIPAL SURGEON	50	98	38,350.48	391.33	.022	767.01	8.76
ASSISTANT SURGEON	10	10	2,143.70	214.37	.002	214.37	.49
ANESTHESIOLOGIST	27	315	7,268.84	23.08	.072	269.22	1.66

OUTPATIENT SURGERY	59	118		13,193.85		111.81	.027	223.62	3.01
PRINCIPAL SURGEON	53	67		11,499.55		171.64	.015	216.97	2.63
ASSISTANT SURGEON	1	1		185.41		185.41	.000	185.41	.04
ANESTHESIOLOGIST	11	50		1,508.89		30.18	.011	137.17	.34
DIALYSIS	7	59		2,101.54		35.62	.013	300.22	.48
PATHOLOGY	62	225		5,528.35		24.57	.051	89.17	1.26
RADIOLOGY	229	859		42,953.77		50.00	.196	187.57	9.81
PSYCHIATRY	8	8		270.74		33.84	.002	33.84	.06
IMMUNIZATION AND INJECTION	36	545		8,482.88		15.56	.124	235.64	1.94
OTHER SERVICES/ALL X-OVERS	512	1,291		30,154.82		23.36	.295	58.90	6.88
@PHARMACY	2,888	23,789	\$	1,131,155.58	\$	47.55	5.431	\$ 391.67	\$ 258.25
PRESCRIPTION DRUGS	2,852	13,468		1,111,000.59		82.49	3.075	389.55	253.65
SNF/ICF	85	1,074		48,786.62		45.43	.245	573.96	11.14
OUTPATIENTS	2,789	12,394		1,062,213.97		85.70	2.830	380.86	242.51
MEDICAL SUPPLIES	192	10,321		20,154.99		1.95	2.356	104.97	4.60
@DENTIST	345	1,492	\$	75,779.95	\$	50.79	.341	\$ 219.65	\$ 17.30
VISITS - DIAGNOSTIC	226	822		11,863.20		14.43	.188	52.49	2.71
ORAL SURGERY	51	174		8,377.50		48.15	.040	164.26	1.91
DRUGS	5	5		90.00		18.00	.001	18.00	.02
ANESTHESIA	2	2		200.00		100.00	.000	100.00	.05
PERIODONTICS	12	12		1,990.00		165.83	.003	165.83	.45
ENDODONTICS	30	43		10,054.00		233.81	.010	335.13	2.30
RESTORATIVE DENTISTRY	131	310		31,078.25		100.25	.071	237.24	7.10
PROSTHETICS	2	2		30.00		15.00	.000	15.00	.01
DENTURES, STAYPLATES	34	109		12,022.00		110.29	.025	353.59	2.74
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	10	13		75.00		5.77	.003	7.50	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,222
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

4,380 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	89	240	\$	5,469.78	\$ 22.79	.055	\$ 61.46	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	36	36		1,636.75	45.47	.008	45.47	.37
EYE APPLIANCES	66	181		3,239.68	17.90	.041	49.09	.74
OTHER OPTOMETRIC SERVICES	18	23		593.35	25.80	.005	32.96	.14
@CHIROPRACTOR	23	39	\$	616.81	\$ 15.82	.009	\$ 26.82	\$.14
VISITS	20	34		568.48	16.72	.008	28.42	.13
OTHER SERVICES	3	5		48.33	9.67	.001	16.11	.01
@PODIATRIST	32	82	\$	1,120.21	\$ 13.66	.019	\$ 35.01	\$.26
MEDICINE/INJECTIONS	6	8		166.00	20.75	.002	27.67	.04
SURGERY/ANES.	1	1		33.51	33.51	.000	33.51	.01
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30	.00
OTHER	26	72		903.40	12.55	.016	34.75	.21
@HOME HEALTH AGENCY	55	10,469	\$	315,132.23	\$ 30.10	2.390	\$ 5729.68	\$ 71.95
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	442	3,725	\$	1,126,559.24	\$ 302.43	.850	\$ 2548.78	\$ 257.21
HOSP INPATIENT TOTAL	103	996		1,047,802.52	1052.01	.227	10172.84	239.22
HSC HOSPITALS	56	654		733,177.00	1121.07	.149	13092.45	167.39

NON-HSC HOSPITAL TOTAL	26	221	298,577.15	1351.03	.050	11483.74	68.17
ACCOMMODATIONS	26	221	120,277.74	544.24	.050	4626.07	27.46
ADMINISTRATIVE DAYS	7	82	18,490.85	225.50	.019	2641.55	4.22
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	139	101,786.89	732.28	.032	5357.20	23.24
ANCILLARIES	26	0	178,299.41	.00	.000	6857.67	40.71
INPATIENT CROSSOVERS	26	121	16,048.37	132.63	.028	617.25	3.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	367	2,729	78,756.72	28.86	.623	214.60	17.98
MEDICAL	57	80	3,454.21	43.18	.018	60.60	.79
SURGERY	26	30	1,328.07	44.27	.007	51.08	.30
PATHOLOGY	135	910	8,954.96	9.84	.208	66.33	2.04
RADIOLOGY	71	138	15,244.13	110.46	.032	214.71	3.48
ROOM USE	145	216	8,581.04	39.73	.049	59.18	1.96
CROSSOVERS/ALL OTH OUTPTNT	225	1,355	41,194.31	30.40	.309	183.09	9.41
@COUNTY HOSPITAL TOTAL	4	101	\$ 94,855.88	\$ 939.17	.023	\$ 23713.97	\$ 21.66
CO HOSPITAL INPATIENT TOTAL	2	89	94,184.00	1058.25	.020	47092.00	21.50
HSC HOSPITALS	2	89	94,184.00	1058.25	.020	47092.00	21.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	12	671.88	55.99	.003	335.94	.15
MEDICAL	2	2	29.19	14.60	.000	14.60	.01
SURGERY	1	2	400.76	200.38	.000	400.76	.09
PATHOLOGY	0	0	9.66	.00	.000	.00	.00
RADIOLOGY	0	0	8.70	.00	.000	.00	.00
ROOM USE	2	4	196.04	49.01	.001	98.02	.04
CROSSOVERS/ALL OTH OUTPTNT	1	4	27.53	6.88	.001	27.53	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,223
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	4,380 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	438	3,624	\$ 1,031,703.36	\$ 284.69	.827	\$ 2355.49	\$ 235.55	
COMM HOSP INPATIENT TOTAL	101	907	953,618.52	1051.40	.207	9441.77	217.72	
HSC HOSPITALS	54	565	638,993.00	1130.96	.129	11833.20	145.89	
NON-HSC HOSPITALS TOTAL	26	221	298,577.15	1351.03	.050	11483.74	68.17	
ACCOMMODATIONS	26	221	120,277.74	544.24	.050	4626.07	27.46	
ADMINISTRATIVE DAYS	7	82	18,490.85	225.50	.019	2641.55	4.22	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	19	139	101,786.89	732.28	.032	5357.20	23.24	
ANCILLARIES	26	0	178,299.41	.00	.000	6857.67	40.71	
INPATIENT CROSSOVERS	26	121	16,048.37	132.63	.028	617.25	3.66	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	365	2,717	78,084.84	28.74	.620	213.93	17.83	
MEDICAL	55	78	3,425.02	43.91	.018	62.27	.78	
SURGERY	25	28	927.31	33.12	.006	37.09	.21	
PATHOLOGY	135	910	8,945.30	9.83	.208	66.26	2.04	
RADIOLOGY	71	138	15,235.43	110.40	.032	214.58	3.48	
ROOM USE	143	212	8,385.00	39.55	.048	58.64	1.91	

CROSSOVERS/ALL OTH OUTPTNT	224	1,351		41,166.78		30.47	.308	183.78	9.40
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	45	1,368	\$	176,578.40	\$	129.08	.312	\$ 3923.96	\$ 40.31
LEV A-INTERMEDIATE	10	371		33,015.98		88.99	.085	3301.60	7.54
LEV B-REHAB MD	3	79		9,553.47		120.93	.018	3184.49	2.18
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	51		27,786.45		544.83	.012	13893.23	6.34
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	32	867		106,222.50		122.52	.198	3319.45	24.25
@INTERMEDIATE CARE FACIL.-DD	2	31	\$	4,614.57	\$	148.86	.007	\$ 2307.29	\$ 1.05
ICF DDH	2	31		4,614.57		148.86	.007	2307.29	1.05
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	388	\$	45,198.35	\$	116.49	.089	\$ 837.01	\$ 10.32
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	54	388		45,198.35		116.49	.089	837.01	10.32
@REHABILITATION FACILITY	1	2	\$	146.72	\$	73.36	.000	\$ 146.72	\$.03
HOSPITAL BASED	1	2		146.72		73.36	.000	146.72	.03
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	187	898	\$	11,833.19	\$	13.18	.205	\$ 63.28	\$ 2.70
PATHOLOGY	185	896		11,828.21		13.20	.205	63.94	2.70
XO AND OTHERS	2	2		4.98		2.49	.000	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	289	500	\$	78,204.76	\$	156.41	.114	\$ 270.60	\$ 17.85
CLINIC	23	48		1,116.32		23.26	.011	48.54	.25
SURGICENTER	4	8		602.63		75.33	.002	150.66	.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	265	444		76,485.81		172.27	.101	288.63	17.46

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,224
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

4,380 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	483	41,030	\$	149,603.40	\$ 3.65	9.368	\$ 309.74	\$ 34.16
DURABLE MED. EQUIP.	57	183		40,360.88	220.55	.042	708.09	9.21
BLOOD BANK	2	20		306.00	15.30	.005	153.00	.07
HEARING AID DISPENSERS	1	2		1,490.08	745.04	.000	1490.08	.34
MEDICAL TRANSPORTATION	84	6,823		31,409.75	4.60	1.558	373.93	7.17
AMBULANCES/AIR TRANS	40	550		9,745.47	17.72	.126	243.64	2.22
OTHER TRANS	44	6,254		19,796.01	3.17	1.428	449.91	4.52
OTHER SERVICES	2	19		1,868.27	98.33	.004	934.14	.43
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	31	460		30,734.26	66.81	.105	991.43	7.02
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	21	62		3,460.45	55.81	.014	164.78	.79
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	88	207		2,723.02	13.15	.047	30.94	.62
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	46		6,567.18	142.76	.011	437.81	1.50
PROSTHETICS	13	43		6,431.08	149.56	.010	494.70	1.47
ORTHOTICS	2	3		136.10	45.37	.001	68.05	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	19		560.67	29.51	.004	62.30	.13

HOSPICE SERVICES	2	5	942.40	188.48	.001	471.20	.22
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	1,885	13,184.55	6.99	.430	239.72	3.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	164	31,318	17,864.16	.57	7.150	108.93	4.08
@CALIF. CHILDREN SERVICES*	40	1,309	\$ 59,157.74	\$ 45.19	.299	\$ 1478.94	\$ 13.51
@XOVER EXCLUDING STATE HOSP**	563	7,366	\$ 94,933.43	\$ 12.89	1.682	\$ 168.62	\$ 21.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,225
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

	58,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,509	138,731	\$	6,896,169.21	\$ 49.71	2.374	\$ 281.37	\$ 118.02
@PHYSICIANS SERVICES	11,716	27,456	\$	1,246,388.26	\$ 45.40	.470	\$ 106.38	\$ 21.33
OUTPATIENT VISITS	9,458	13,108		474,187.56	36.18	.224	50.14	8.12
OFFICE VISITS	6,833	8,891		277,514.53	31.21	.152	40.61	4.75
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2,148	2,474		110,718.40	44.75	.042	51.54	1.89
PREVENTIVE CARE	8	8		333.18	41.65	.000	41.65	.01
OB VISITS/COMPRE PERI	546	939		67,204.37	71.57	.016	123.08	1.15
OTHER OUTPATIENT	700	796		18,417.08	23.14	.014	26.31	.32
INPATIENT VISITS	402	1,253		73,324.66	58.52	.021	182.40	1.25
HOSPITAL VISITS	388	1,079		50,621.21	46.91	.018	130.47	.87
CRITICAL CARE	30	174		22,703.45	130.48	.003	756.78	.39
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	38	40		1,571.58	39.29	.001	41.36	.03

EXAMINATIONS	30	32	1,514.84	47.34	.001	50.49	.03
SERVICES AND MATERIALS	8	8	56.74	7.09	.000	7.09	.00
INPATIENT HOSPITAL SURGERY	448	2,133	269,196.45	126.21	.037	600.88	4.61
PRINCIPAL SURGEON	304	372	218,799.99	588.17	.006	719.74	3.74
ASSISTANT SURGEON	57	58	9,901.60	170.72	.001	173.71	.17
ANESTHESIOLOGIST	178	1,703	40,494.86	23.78	.029	227.50	.69
OUTPATIENT SURGERY	928	2,012	146,996.86	73.06	.034	158.40	2.52
PRINCIPAL SURGEON	780	959	118,171.93	123.22	.016	151.50	2.02
ASSISTANT SURGEON	13	13	1,206.47	92.81	.000	92.81	.02
ANESTHESIOLOGIST	206	1,040	27,618.46	26.56	.018	134.07	.47
DIALYSIS	4	11	856.34	77.85	.000	214.09	.01
PATHOLOGY	1,279	1,713	25,713.44	15.01	.029	20.10	.44
RADIOLOGY	2,125	3,427	150,830.50	44.01	.059	70.98	2.58
PSYCHIATRY	119	141	4,815.78	34.15	.002	40.47	.08
IMMUNIZATION AND INJECTION	356	969	39,780.78	41.05	.017	111.74	.68
OTHER SERVICES/ALL X-OVERS	936	2,649	59,114.31	22.32	.045	63.16	1.01
@PHARMACY	11,734	29,610	\$ 1,575,585.84	\$ 53.21	.507	\$ 134.28	\$ 26.97
PRESCRIPTION DRUGS	11,661	25,555	1,544,667.68	60.44	.437	132.46	26.44
SNF/ICF	10	60	2,024.31	33.74	.001	202.43	.03
OUTPATIENTS	11,656	25,495	1,542,643.37	60.51	.436	132.35	26.40
MEDICAL SUPPLIES	275	4,055	30,918.16	7.62	.069	112.43	.53
@DENTIST	3,595	15,552	\$ 563,847.85	\$ 36.26	.266	\$ 156.84	\$ 9.65
VISITS - DIAGNOSTIC	2,496	9,987	153,239.48	15.34	.171	61.39	2.62
ORAL SURGERY	405	741	38,691.00	52.21	.013	95.53	.66
DRUGS	149	161	3,718.75	23.10	.003	24.96	.06
ANESTHESIA	17	17	1,500.00	88.24	.000	88.24	.03
PERIODONTICS	79	89	12,035.00	135.22	.002	152.34	.21
ENDODONTICS	298	509	81,104.25	159.34	.009	272.16	1.39
RESTORATIVE DENTISTRY	1,379	3,516	235,754.45	67.05	.060	170.96	4.03
PROSTHETICS	21	22	560.00	25.45	.000	26.67	.01
DENTURES, STAYPLATES	46	136	12,892.00	94.79	.002	280.26	.22
SPACE MAINTAINERS	25	30	4,300.93	143.36	.001	172.04	.07
MAXILLOFACIAL SERVICES	9	9	400.00	44.44	.000	44.44	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	153	221	19,286.99	87.27	.004	126.06	.33
ALL OTHER SERVICES	37	113	225.00	1.99	.002	6.08	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,226
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J						

----- MONTHLY AVERAGE -----							
58,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	744	2,062	\$ 49,063.58	\$ 23.79	.035	\$ 65.95	\$.84
DIAGNOSTIC AND ANC. PROCED	566	572	26,480.06	46.29	.010	46.78	.45
EYE APPLIANCES	515	1,457	21,742.82	14.92	.025	42.22	.37
OTHER OPTOMETRIC SERVICES	22	33	840.70	25.48	.001	38.21	.01
@CHIROPRACTOR	114	170	\$ 2,838.22	\$ 16.70	.003	\$ 24.90	\$.05
VISITS	114	170	2,838.22	16.70	.003	24.90	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	48	90	\$ 3,096.46	\$ 34.41	.002	\$ 64.51	\$.05
MEDICINE/INJECTIONS	38	51	1,489.56	29.21	.001	39.20	.03
SURGERY/ANES.	11	12	591.05	49.25	.000	53.73	.01
RADIO./PATHOLOGY	7	7	115.91	16.56	.000	16.56	.00
OTHER	12	20	899.94	45.00	.000	75.00	.02
@HOME HEALTH AGENCY	65	7,421	\$ 224,679.01	\$ 30.28	.127	\$ 3456.60	\$ 3.85
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	8	24	\$	1,594.73	\$	66.45	.000	\$	199.34	\$	.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	2	\$	40.32	\$	20.16	.000	\$	40.32	\$	.00
@TOTAL HOSPITAL	4,320	17,805	\$	2,366,415.06	\$	132.91	.305	\$	547.78	\$	40.50
HOSP INPATIENT TOTAL	415	1,538		1,951,686.56		1268.98	.026		4702.86		33.40
HSC HOSPITALS	264	922		1,071,012.51		1161.62	.016		4056.87		18.33
NON-HSC HOSPITAL TOTAL	150	605		877,575.25		1450.54	.010		5850.50		15.02
ACCOMMODATIONS	150	605		343,858.37		568.36	.010		2292.39		5.88
ADMINISTRATIVE DAYS	3	15		3,118.06		207.87	.000		1039.35		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	148	590		340,740.31		577.53	.010		2302.30		5.83
ANCILLARIES	150	0		533,716.88		.00	.000		3558.11		9.13
INPATIENT CROSSOVERS	3	11		2,227.80		202.53	.000		742.60		.04
ALL OTHER INPATIENT	1	0		871.00		.00	.000		871.00		.01
HOSP OUTPATIENT TOTAL	4,048	16,267		414,728.50		25.50	.278		102.45		7.10
MEDICAL	559	797		25,476.93		31.97	.014		45.58		.44
SURGERY	449	510		19,221.94		37.69	.009		42.81		.33
PATHOLOGY	1,433	5,606		57,995.07		10.35	.096		40.47		.99
RADIOLOGY	1,085	1,511		96,844.05		64.09	.026		89.26		1.66
ROOM USE	3,099	3,916		154,622.94		39.48	.067		49.89		2.65
CROSSOVERS/ALL OTH OUTPTNT	1,626	3,927		60,567.57		15.42	.067		37.25		1.04
@COUNTY HOSPITAL TOTAL	17	92	\$	4,624.34	\$	50.26	.002	\$	272.02	\$	.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	92		4,624.34		50.26	.002		272.02		.08
MEDICAL	7	9		320.17		35.57	.000		45.74		.01
SURGERY	5	10		228.35		22.84	.000		45.67		.00
PATHOLOGY	9	28		733.26		26.19	.000		81.47		.01
RADIOLOGY	4	10		1,988.88		198.89	.000		497.22		.03
ROOM USE	9	20		885.66		44.28	.000		98.41		.02
CROSSOVERS/ALL OTH OUTPTNT	9	15		468.02		31.20	.000		52.00		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,227
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	58,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,305	17,713	\$	2,361,790.72	\$ 133.34	.303	\$ 548.62	\$ 40.42
COMM HOSP INPATIENT TOTAL	415	1,538		1,951,686.56	1268.98	.026	4702.86	33.40
HSC HOSPITALS	264	922		1,071,012.51	1161.62	.016	4056.87	18.33
NON-HSC HOSPITALS TOTAL	150	605		877,575.25	1450.54	.010	5850.50	15.02
ACCOMMODATIONS	150	605		343,858.37	568.36	.010	2292.39	5.88
ADMINISTRATIVE DAYS	3	15		3,118.06	207.87	.000	1039.35	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	148	590		340,740.31	577.53	.010	2302.30	5.83
ANCILLARIES	150	0		533,716.88	.00	.000	3558.11	9.13
INPATIENT CROSSOVERS	3	11		2,227.80	202.53	.000	742.60	.04
ALL OTHER INPATIENT	1	0		871.00	.00	.000	871.00	.01

COMM HOSP OUTPATIENT TOTAL	4,033	16,175		410,104.16		25.35	.277	101.69	7.02
MEDICAL	552	788		25,156.76		31.92	.013	45.57	.43
SURGERY	444	500		18,993.59		37.99	.009	42.78	.33
PATHOLOGY	1,425	5,578		57,261.81		10.27	.095	40.18	.98
RADIOLOGY	1,081	1,501		94,855.17		63.19	.026	87.75	1.62
ROOM USE	3,091	3,896		153,737.28		39.46	.067	49.74	2.63
CROSSEOVERS/ALL OTH OUTPTNT	1,618	3,912		60,099.55		15.36	.067	37.14	1.03
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	304.50	\$	.00	.000	\$ 304.50	\$.01
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	0		304.50		.00	.000	304.50	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	137	\$	2,177.35	\$	15.89	.002	\$ 2177.35	\$.04
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	137		2,177.35		15.89	.002	2177.35	.04
@REHABILITATION FACILITY	8	20	\$	1,114.69	\$	55.73	.000	\$ 139.34	\$.02
HOSPITAL BASED	8	20		1,114.69		55.73	.000	139.34	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2,393	7,117	\$	101,459.12	\$	14.26	.122	\$ 42.40	\$ 1.74
PATHOLOGY	2,393	7,117		101,459.12		14.26	.122	42.40	1.74
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,445	5,308	\$	596,681.06	\$	112.41	.091	\$ 244.04	\$ 10.21
CLINIC	678	2,358		67,467.46		28.61	.040	99.51	1.15
SURGICENTER	68	441		13,900.23		31.52	.008	204.42	.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,718	2,509		515,313.37		205.39	.043	299.95	8.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,228
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	58,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,926	25,957	\$	160,883.16	\$ 6.20	.444	\$ 83.53	\$ 2.75
DURABLE MED. EQUIP.	140	316		17,772.58	56.24	.005	126.95	.30
BLOOD BANK	0	0		38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	177	3,066		38,369.87	12.51	.052	216.78	.66
AMBULANCES/AIR TRANS	167	2,131		28,956.27	13.59	.036	173.39	.50
OTHER TRANS	9	912		1,757.51	1.93	.016	195.28	.03
OTHER SERVICES	5	23		7,656.09	332.87	.000	1531.22	.13
ACUPUNCTURE	1	2		43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	6	67		4,458.18	66.54	.001	743.03	.08
GENETIC DISEASE TESTING	151	152		13,005.00	85.56	.003	86.13	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	2	6		918.90	153.15	.000	459.45	.02
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	558	1,227		11,674.92	9.52	.021	20.92	.20
PHYSICAL THERAPIST	28	368		4,481.91	12.18	.006	160.07	.08

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	52	76	6,520.20	85.79	.001	125.39	.11
PROSTHETICS	50	74	6,380.56	86.22	.001	127.61	.11
ORTHOTICS	2	2	139.64	69.82	.000	69.82	.00
PSYCHOLOGIST	1	5	69.80	13.96	.000	69.80	.00
SPEECH AND AUDIOLOGY	74	140	25,353.06	181.09	.002	342.61	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	748	2,737	25,727.36	9.40	.047	34.39	.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	17,794	11,442.90	.64	.305	286.07	.20
@CALIF. CHILDREN SERVICES*	288	6,222	\$ 486,229.80	\$ 78.15	.106	\$ 1688.30	\$ 8.32
@XOVER EXCLUDING STATE HOSP**	80	528	\$ 8,899.85	\$ 16.86	.009	\$ 111.25	\$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,229
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

67,106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30,916	295,167	\$ 11,651,803.66	\$ 39.48	4.399	\$ 376.89	\$ 173.63
@PHYSICIANS SERVICES	13,212	33,880	\$ 1,498,480.36	\$ 44.23	.505	\$ 113.42	\$ 22.33
OUTPATIENT VISITS	9,972	13,870	503,646.92	36.31	.207	50.51	7.51
OFFICE VISITS	7,229	9,474	296,884.55	31.34	.141	41.07	4.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,265	2,610	119,528.49	45.80	.039	52.77	1.78
PREVENTIVE CARE	8	8	333.18	41.65	.000	41.65	.00
OB VISITS/COMPRE PERI	546	939	67,204.37	71.57	.014	123.08	1.00
OTHER OUTPATIENT	740	839	19,696.33	23.48	.013	26.62	.29
INPATIENT VISITS	524	2,223	113,767.04	51.18	.033	217.11	1.70
HOSPITAL VISITS	505	1,963	83,545.37	42.56	.029	165.44	1.24
CRITICAL CARE	43	246	29,760.55	120.98	.004	692.11	.44
SNF/ICF/TRANS IP CARE	6	14	461.12	32.94	.000	76.85	.01
OPHTHALMOLOGICAL SERVICES	59	64	2,504.42	39.13	.001	42.45	.04
EXAMINATIONS	51	56	2,447.68	43.71	.001	47.99	.04
SERVICES AND MATERIALS	8	8	56.74	7.09	.000	7.09	.00
INPATIENT HOSPITAL SURGERY	522	2,594	320,584.99	123.59	.039	614.15	4.78
PRINCIPAL SURGEON	357	473	259,720.78	549.09	.007	727.51	3.87
ASSISTANT SURGEON	68	69	12,343.14	178.89	.001	181.52	.18
ANESTHESIOLOGIST	208	2,052	48,521.07	23.65	.031	233.27	.72
OUTPATIENT SURGERY	1,007	2,182	167,275.06	76.66	.033	166.11	2.49
PRINCIPAL SURGEON	847	1,040	135,734.94	130.51	.015	160.25	2.02
ASSISTANT SURGEON	14	14	1,391.88	99.42	.000	99.42	.02
ANESTHESIOLOGIST	225	1,128	30,148.24	26.73	.017	133.99	.45
DIALYSIS	12	71	3,182.92	44.83	.001	265.24	.05
PATHOLOGY	1,354	1,954	31,607.14	16.18	.029	23.34	.47
RADIOLOGY	2,416	4,396	198,057.13	45.05	.066	81.98	2.95
PSYCHIATRY	127	149	5,086.52	34.14	.002	40.05	.08
IMMUNIZATION AND INJECTION	400	1,530	48,361.80	31.61	.023	120.90	.72
OTHER SERVICES/ALL X-OVERS	1,818	4,847	104,406.42	21.54	.072	57.43	1.56
@PHARMACY	16,999	91,254	\$ 3,227,007.62	\$ 35.36	1.360	\$ 189.84	\$ 48.09
PRESCRIPTION DRUGS	16,867	47,869	3,163,020.98	66.08	.713	187.53	47.13

SNF/ICF	226	1,725		78,264.82	45.37	.026	346.30	1.17	
OUTPATIENTS	16,688	46,144		3,084,756.16	66.85	.688	184.85	45.97	
MEDICAL SUPPLIES	599	43,385		63,986.64	1.47	.647	106.82	.95	
@DENTIST	4,202	18,183	\$	691,642.50	\$ 38.04	.271	\$ 164.60	\$ 10.31	
VISITS - DIAGNOSTIC	2,891	11,454		174,302.38	15.22	.171	60.29	2.60	
ORAL SURGERY	484	1,000		50,834.50	50.83	.015	105.03	.76	
DRUGS	154	166		3,808.75	22.94	.002	24.73	.06	
ANESTHESIA	20	21		1,900.00	90.48	.000	95.00	.03	
PERIODONTICS	96	106		14,825.00	139.86	.002	154.43	.22	
ENDODONTICS	345	577		96,683.25	167.56	.009	280.24	1.44	
RESTORATIVE DENTISTRY	1,592	3,990		283,657.70	71.09	.059	178.18	4.23	
PROSTHETICS	27	29		740.00	25.52	.000	27.41	.01	
DENTURES, STAYPLATES	133	447		40,463.00	90.52	.007	304.23	.60	
SPACE MAINTAINERS	25	30		4,300.93	143.36	.000	172.04	.06	
MAXILLOFACIAL SERVICES	9	9		400.00	44.44	.000	44.44	.01	
FRACTURES, DISLOCATIONS	1	1		140.00	140.00	.000	140.00	.00	
ORTHODONTIC SERVICES	153	221		19,286.99	87.27	.003	126.06	.29	
ALL OTHER SERVICES	53	132		300.00	2.27	.002	5.66	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,230
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC								

						----- MONTHLY AVERAGE -----			
67,106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	902	2,476	\$	58,200.81	\$ 23.51	.037	\$ 64.52	\$.87	
DIAGNOSTIC AND ANC. PROCED	624	630		29,141.07	46.26	.009	46.70	.43	
EYE APPLIANCES	626	1,760		27,107.97	15.40	.026	43.30	.40	
OTHER OPTOMETRIC SERVICES	58	86		1,951.77	22.70	.001	33.65	.03	
@CHIROPRACTOR	138	210	\$	3,471.75	\$ 16.53	.003	\$ 25.16	\$.05	
VISITS	134	204		3,406.70	16.70	.003	25.42	.05	
OTHER SERVICES	4	6		65.05	10.84	.000	16.26	.00	
@PODIATRIST	100	200	\$	4,473.06	\$ 22.37	.003	\$ 44.73	\$.07	

MEDICINE/INJECTIONS	44	59		1,655.56	28.06	.001	37.63	.02	
SURGERY/ANES.	12	13		624.56	48.04	.000	52.05	.01	
RADIO./PATHOLOGY	8	8		133.21	16.65	.000	16.65	.00	
OTHER	58	120		2,059.73	17.16	.002	35.51	.03	
@HOME HEALTH AGENCY	124	17,922	\$	541,915.84	\$ 30.24	.267	\$ 4370.29	\$ 8.08	
NURSE ANESTHESIST	1	4	\$	14.67	\$ 3.67	.000	\$ 14.67	\$.00	
NURSE MIDWIFE	8	24	\$	1,594.73	\$ 66.45	.000	\$ 199.34	\$.02	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$	40.32	\$ 20.16	.000	\$ 40.32	\$.00	
@TOTAL HOSPITAL	4,911	22,431	\$	3,555,688.13	\$ 158.52	.334	\$ 724.03	\$ 52.99	
HOSP INPATIENT TOTAL	537	2,607		3,040,328.70	1166.22	.039	5661.69	45.31	
HSC HOSPITALS	327	1,606		1,837,254.51	1143.99	.024	5618.52	27.38	
NON-HSC HOSPITAL TOTAL	176	826		1,176,131.35	1423.89	.012	6682.56	17.53	
ACCOMMODATIONS	176	826		464,115.06	561.88	.012	2637.02	6.92	
ADMINISTRATIVE DAYS	10	97		21,587.86	222.56	.001	2158.79	.32	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	167	729		442,527.20	607.03	.011	2649.86	6.59	
ANCILLARIES	176	0		712,016.29	.00	.000	4045.55	10.61	
INPATIENT CROSSOVERS	41	175		26,071.84	148.98	.003	635.90	.39	
ALL OTHER INPATIENT	1	0		871.00	.00	.000	871.00	.01	
HOSP OUTPATIENT TOTAL	4,548	19,824		515,359.43	26.00	.295	113.32	7.68	
MEDICAL	627	891		29,443.39	33.05	.013	46.96	.44	
SURGERY	484	549		21,500.17	39.16	.008	44.42	.32	
PATHOLOGY	1,583	6,584		67,701.63	10.28	.098	42.77	1.01	
RADIOLOGY	1,167	1,670		114,017.90	68.27	.025	97.70	1.70	
ROOM USE	3,265	4,157		164,765.04	39.64	.062	50.46	2.46	
CROSSOVERS/ALL OTH OUTPTNT	1,953	5,973		117,931.30	19.74	.089	60.38	1.76	
@COUNTY HOSPITAL TOTAL	22	196	\$	99,534.93	\$ 507.83	.003	\$ 4524.32	\$ 1.48	
CO HOSPITAL INPATIENT TOTAL	2	89		94,184.00	1058.25	.001	47092.00	1.40	
HSC HOSPITALS	2	89		94,184.00	1058.25	.001	47092.00	1.40	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	20	107		5,350.93	50.01	.002	267.55	.08	
MEDICAL	10	12		359.61	29.97	.000	35.96	.01	
SURGERY	6	12		629.11	52.43	.000	104.85	.01	
PATHOLOGY	9	28		742.92	26.53	.000	82.55	.01	
RADIOLOGY	5	11		2,016.06	183.28	.000	403.21	.03	
ROOM USE	12	25		1,107.09	44.28	.000	92.26	.02	
CROSSOVERS/ALL OTH OUTPTNT	10	19		496.14	26.11	.000	49.61	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,231
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC								

					----- MONTHLY AVERAGE -----			
67,106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,891	22,235	\$ 3,456,153.20	\$ 155.44	.331	\$ 706.64	\$ 51.50	
COMM HOSP INPATIENT TOTAL	535	2,518	2,946,144.70	1170.03	.038	5506.81	43.90	
HSC HOSPITALS	325	1,517	1,743,070.51	1149.02	.023	5363.29	25.97	
NON-HSC HOSPITALS TOTAL	176	826	1,176,131.35	1423.89	.012	6682.56	17.53	
ACCOMMODATIONS	176	826	464,115.06	561.88	.012	2637.02	6.92	

ADMINISTRATIVE DAYS	10	97		21,587.86	222.56	.001	2158.79	.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	729		442,527.20	607.03	.011	2649.86	6.59
ANCILLARIES	176	0		712,016.29	.00	.000	4045.55	10.61
INPATIENT CROSSOVERS	41	175		26,071.84	148.98	.003	635.90	.39
ALL OTHER INPATIENT	1	0		871.00	.00	.000	871.00	.01
COMM HOSP OUTPATIENT TOTAL	4,530	19,717		510,008.50	25.87	.294	112.58	7.60
MEDICAL	617	879		29,083.78	33.09	.013	47.14	.43
SURGERY	478	537		20,871.06	38.87	.008	43.66	.31
PATHOLOGY	1,575	6,556		66,958.71	10.21	.098	42.51	1.00
RADIOLOGY	1,162	1,659		112,001.84	67.51	.025	96.39	1.67
ROOM USE	3,254	4,132		163,657.95	39.61	.062	50.29	2.44
CROSSOVERS/ALL OTH OUTPTNT	1,944	5,954		117,435.16	19.72	.089	60.41	1.75
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	193	5,152	\$	719,574.43	\$ 139.67	.077	\$ 3728.36	\$ 10.72
LEV A-INTERMEDIATE	24	804		65,724.46	81.75	.012	2738.52	.98
LEV B-REHAB MD	4	84		10,158.12	120.93	.001	2539.53	.15
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	8	292		153,217.07	524.72	.004	19152.13	2.28
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	163	3,972		490,474.78	123.48	.059	3009.05	7.31
@INTERMEDIATE CARE FACIL.-DD	2	31	\$	4,614.57	\$ 148.86	.000	\$ 2307.29	\$.07
ICF DDH	2	31		4,614.57	148.86	.000	2307.29	.07
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	73	775	\$	75,309.82	\$ 97.17	.012	\$ 1031.64	\$ 1.12
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	73	775		75,309.82	97.17	.012	1031.64	1.12
@REHABILITATION FACILITY	9	22	\$	1,261.41	\$ 57.34	.000	\$ 140.16	\$.02
HOSPITAL BASED	9	22		1,261.41	57.34	.000	140.16	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,656	8,328	\$	116,744.49	\$ 14.02	.124	\$ 43.96	\$ 1.74
PATHOLOGY	2,653	8,325		116,737.02	14.02	.124	44.00	1.74
XO AND OTHERS	3	3		7.47	2.49	.000	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	2,849	5,992	\$	698,518.82	\$ 116.58	.089	\$ 245.18	\$ 10.41
CLINIC	708	2,421		68,960.10	28.48	.036	97.40	1.03
SURGICENTER	78	472		15,938.34	33.77	.007	204.34	.24
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,085	3,099		613,620.38	198.01	.046	294.30	9.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,232
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC							

----- MONTHLY AVERAGE -----							
67,106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,760	88,281	\$ 453,250.33	\$ 5.13	1.316	\$ 164.22	\$ 6.75
DURABLE MED. EQUIP.	218	628	66,000.15	105.10	.009	302.75	.98
BLOOD BANK	2	20	344.00	17.20	.000	172.00	.01
HEARING AID DISPENSERS	4	9	3,572.01	396.89	.000	893.00	.05
MEDICAL TRANSPORTATION	319	12,400	80,571.34	6.50	.185	252.57	1.20
AMBULANCES/AIR TRANS	209	2,688	38,913.62	14.48	.040	186.19	.58
OTHER TRANS	97	9,577	31,015.84	3.24	.143	319.75	.46
OTHER SERVICES	20	135	10,641.88	78.83	.002	532.09	.16
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00

ADULT DAY HEALTH CARE CTR	128	1,955		130,130.74	66.56	.029	1016.65	1.94
GENETIC DISEASE TESTING	151	152		13,005.00	85.56	.002	86.13	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	30	100		7,205.41	72.05	.001	240.18	.11
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	711	1,583		16,220.42	10.25	.024	22.81	.24
PHYSICAL THERAPIST	28	368		4,481.91	12.18	.005	160.07	.07
PORTABLE X-RAY	1	2		1.30	.65	.000	1.30	.00
PROSTHETIST/ORTHOTISTS	69	125		13,223.05	105.78	.002	191.64	.20
PROSTHETICS	65	120		12,947.31	107.89	.002	199.19	.19
ORTHOTICS	4	5		275.74	55.15	.000	68.94	.00
PSYCHOLOGIST	1	5		69.80	13.96	.000	69.80	.00
SPEECH AND AUDIOLOGY	106	196		32,913.76	167.93	.003	310.51	.49
HOSPICE SERVICES	4	62		7,057.36	113.83	.001	1764.34	.11
NONINST BIRTHING CENTERS	1	1		1,007.23	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	803	4,622		38,911.91	8.42	.069	48.46	.58
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	307	66,051		38,491.69	.58	.984	125.38	.57
@CALIF. CHILDREN SERVICES*	328	7,531	\$	545,387.54	\$ 72.42	.112	\$ 1662.77	\$ 8.13
@XOVER EXCLUDING STATE HOSP**	1,169	10,096	\$	179,868.78	\$ 17.82	.150	\$ 153.87	\$ 2.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,233
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	275	9,103	\$ 304,139.35	\$ 33.41	53.234	\$ 1105.96	\$ 1778.59
@PHYSICIANS SERVICES	31	104	\$ 1,449.43	\$ 13.94	.608	\$ 46.76	\$ 8.48
OUTPATIENT VISITS	2	4	96.00	24.00	.023	48.00	.56
OFFICE VISITS	2	4	96.00	24.00	.023	48.00	.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	5	346.14	69.23	.029	173.07	2.02
PRINCIPAL SURGEON	1	1	186.15	186.15	.006	186.15	1.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	159.99	40.00	.023	159.99	.94
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	1	1		28.88	28.88	.006	28.88	.17
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	27	94		978.41	10.41	.550	36.24	5.72
@PHARMACY	155	813	\$	54,850.81	\$ 67.47	4.754	\$ 353.88	\$ 320.76
PRESCRIPTION DRUGS	151	802		54,382.15	67.81	4.690	360.15	318.02
SNF/ICF	68	357		12,441.69	34.85	2.088	182.97	72.76
OUTPATIENTS	86	445		41,940.46	94.25	2.602	487.68	245.27
MEDICAL SUPPLIES	5	11		468.66	42.61	.064	93.73	2.74
@DENTIST	33	101	\$	2,905.00	\$ 28.76	.591	\$ 88.03	\$ 16.99
VISITS - DIAGNOSTIC	19	53		227.00	4.28	.310	11.95	1.33
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		.00	.00	.006	.00	.00
ENDODONTICS	3	7		430.00	61.43	.041	143.33	2.51
RESTORATIVE DENTISTRY	11	29		1,518.00	52.34	.170	138.00	8.88
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	9		730.00	81.11	.053	104.29	4.27
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		.00	.00	.012	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,234
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED							
					AID CODE			

171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.018	\$ 53.11	\$.31
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.018	53.11	.31
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	5	\$ 73.37	\$ 14.67	.029	\$ 14.67	\$.43
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	5	73.37	14.67	.029	14.67	.43
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	103	\$ 2,930.29	\$ 28.45	.602	\$ 183.14	\$ 17.14
HOSP INPATIENT TOTAL	3	11	1,808.78	164.43	.064	602.93	10.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	103	\$	2,930.29	\$ 28.45	.602	\$ 183.14	\$ 17.14
COMM HOSP INPATIENT TOTAL	3	11		1,808.78	164.43	.064	602.93	10.58
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	11		1,808.78	164.43	.064	602.93	10.58
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	92		1,121.51	12.19	.538	86.27	6.56
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		6.76	.00	.000	.00	.04
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	92		1,114.75	12.12	.538	85.75	6.52
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	68	1,974	\$	209,000.20	\$ 105.88	11.544	\$ 3073.53	\$ 1222.22
LEV A-INTERMEDIATE	1	17		1,124.72	66.16	.099	1124.72	6.58
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	67	1,957		207,875.48	106.22	11.444	3102.62	1215.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	14	\$	5,197.07	\$ 371.22	.082	\$ 866.18	\$ 30.39
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	14		5,197.07	371.22	.082	866.18	30.39
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	6	\$	55.90	\$ 9.32	.035	\$ 27.95	\$.33
PATHOLOGY	2	6		55.90	9.32	.035	27.95	.33
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	11	\$	711.33	\$ 64.67	.064	\$ 142.27	\$ 4.16
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	6		231.21	38.54	.035	231.21	1.35
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	5		480.12	96.02	.029	120.03	2.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,236
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED							
					AID CODE			
						----- MONTHLY AVERAGE -----		
171 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	58	5,969	\$	26,912.84	\$ 4.51	34.906	\$ 464.01	\$ 157.39
DURABLE MED. EQUIP.	2	11		102.50	9.32	.064	51.25	.60
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	2	5	2,303.40	460.68	.029	1151.70	13.47
MEDICAL TRANSPORTATION	8	241	1,231.29	5.11	1.409	153.91	7.20
AMBULANCES/AIR TRANS	1	6	124.91	20.82	.035	124.91	.73
OTHER TRANS	6	230	1,060.06	4.61	1.345	176.68	6.20
OTHER SERVICES	1	5	46.32	9.26	.029	46.32	.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	256	16,850.57	65.82	1.497	674.02	98.54
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	12	121.20	10.10	.070	30.30	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	778.27	778.27	.006	778.27	4.55
HOSPICE SERVICES	2	37	3,969.36	107.28	.216	1984.68	23.21
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	5,406	1,556.25	.29	31.614	103.75	9.10
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	61	222	12,578.32	56.66	1.298	206.20	73.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,237
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	7	\$ 68.35	\$ 9.76	.000	\$ 22.78	\$.00
@PHYSICIANS SERVICES	1	1	\$ 68.35	\$ 68.35	.000	\$ 68.35	\$.00
OUTPATIENT VISITS	1	1	68.35	68.35	.000	68.35	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	6	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1	.00	.00	.000	.00	.00
ORAL SURGERY	2	2	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,238
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND						AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,239
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
MENTALLY ILL	0	0		.00		.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00		.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
LEV B-REGULAR	0	0		.00		.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
ICF DDH	0	0		.00		.00	.000	.00 .00
ICF DD	0	0		.00		.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00		.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
PATHOLOGY	0	0		.00		.00	.000	.00 .00
XO AND OTHERS	0	0		.00		.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
CLINIC	0	0		.00		.00	.000	.00 .00
SURGICENTER	0	0		.00		.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,240
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 PLACER COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,241
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	441	9,628	\$	\$ 97.61	31.987	\$ 2131.09	\$ 3122.30
@PHYSICIANS SERVICES	177	3,993	\$	\$ 15.74	13.266	\$ 355.07	\$ 208.79
OUTPATIENT VISITS	49	73		40.79	.243	60.77	9.89
OFFICE VISITS	34	49		26.59	.163	38.33	4.33
HOME VISITS	0	0		.00	.000	.00	.00
EMERGENCY ROOM	18	22		74.59	.073	91.17	5.45
PREVENTIVE CARE	0	0		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.000	.00	.00
OTHER OUTPATIENT	1	2		33.68	.007	33.68	.11
INPATIENT VISITS	35	291		48.75	.967	405.29	47.13
HOSPITAL VISITS	33	250		38.19	.831	289.30	31.72
CRITICAL CARE	5	35		124.60	.116	872.20	14.49
SNF/ICF/TRANS IP CARE	5	6		46.21	.020	55.46	.92
OPHTHALMOLOGICAL SERVICES	0	0		.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	208	19,916.31	95.75	.691	603.52	66.17
PRINCIPAL SURGEON	27	56	15,216.79	271.73	.186	563.58	50.55
ASSISTANT SURGEON	4	5	1,267.10	253.42	.017	316.78	4.21
ANESTHESIOLOGIST	14	147	3,432.42	23.35	.488	245.17	11.40
OUTPATIENT SURGERY	16	78	5,521.79	70.79	.259	345.11	18.34
PRINCIPAL SURGEON	12	17	4,276.54	251.56	.056	356.38	14.21
ASSISTANT SURGEON	1	1	116.16	116.16	.003	116.16	.39
ANESTHESIOLOGIST	5	60	1,129.09	18.82	.199	225.82	3.75
DIALYSIS	3	13	695.82	53.52	.043	231.94	2.31
PATHOLOGY	19	37	1,472.00	39.78	.123	77.47	4.89
RADIOLOGY	40	195	10,972.71	56.27	.648	274.32	36.45
PSYCHIATRY	0	0	6.90	.00	.000	.00	.02
IMMUNIZATION AND INJECTION	3	14	77.18	5.51	.047	25.73	.26
OTHER SERVICES/ALL X-OVERS	96	3,084	7,021.15	2.28	10.246	73.14	23.33
@PHARMACY	233	1,452	\$ 225,172.77	\$ 155.08	4.824	\$ 966.41	\$ 748.08
PRESCRIPTION DRUGS	230	1,417	223,081.46	157.43	4.708	969.92	741.13
SNF/ICF	18	245	22,558.68	92.08	.814	1253.26	74.95
OUTPATIENTS	213	1,172	200,522.78	171.09	3.894	941.42	666.19
MEDICAL SUPPLIES	14	35	2,091.31	59.75	.116	149.38	6.95
@DENTIST	37	155	\$ 6,454.00	\$ 41.64	.515	\$ 174.43	\$ 21.44
VISITS - DIAGNOSTIC	25	68	497.00	7.31	.226	19.88	1.65
ORAL SURGERY	4	17	373.00	21.94	.056	93.25	1.24
DRUGS	1	1	.00	.00	.003	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	7	400.00	57.14	.023	200.00	1.33
ENDODONTICS	2	6	990.00	165.00	.020	495.00	3.29
RESTORATIVE DENTISTRY	16	49	3,744.00	76.41	.163	234.00	12.44
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	450.00	450.00	.003	450.00	1.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	6	.00	.00	.020	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,242
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	17	\$ 274.91	\$ 16.17	.056	\$ 39.27	\$.91
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.003	47.45	.16
EYE APPLIANCES	6	14	224.00	16.00	.047	37.33	.74
OTHER OPTOMETRIC SERVICES	1	2	3.46	1.73	.007	3.46	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	15	59	\$ 560.92	\$ 9.51	.196	\$ 37.39	\$ 1.86
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	59	560.92	9.51	.196	37.39	1.86
@HOME HEALTH AGENCY	12	179	\$ 13,148.26	\$ 73.45	.595	\$ 1095.69	\$ 43.68
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	100	915	\$	533,913.19	\$	583.51	3.040	\$	5339.13	\$	1773.80
HOSP INPATIENT TOTAL	30	384		517,926.59		1348.77	1.276		17264.22		1720.69
HSC HOSPITALS	14	153		162,097.32		1059.46	.508		11578.38		538.53
NON-HSC HOSPITAL TOTAL	17	191		352,864.45		1847.46	.635		20756.73		1172.31
ACCOMMODATIONS	17	191		106,688.09		558.58	.635		6275.77		354.45
ADMINISTRATIVE DAYS	7	56		11,770.35		210.18	.186		1681.48		39.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	135		94,917.74		703.09	.449		7301.36		315.34
ANCILLARIES	17	0		246,176.36		.00	.000		14480.96		817.86
INPATIENT CROSSOVERS	4	40		2,964.82		74.12	.133		741.21		9.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	77	531		15,986.60		30.11	1.764		207.62		53.11
MEDICAL	9	14		472.18		33.73	.047		52.46		1.57
SURGERY	11	11		574.43		52.22	.037		52.22		1.91
PATHOLOGY	23	134		1,116.22		8.33	.445		48.53		3.71
RADIOLOGY	22	40		4,226.37		105.66	.133		192.11		14.04
ROOM USE	31	42		1,679.00		39.98	.140		54.16		5.58
CROSSOVERS/ALL OTH OUTPTNT	55	290		7,918.40		27.30	.963		143.97		26.31
@COUNTY HOSPITAL TOTAL	1	2	\$	97.47	\$	48.74	.007	\$	97.47	\$	.32
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		97.47		48.74	.007		97.47		.32
MEDICAL	1	1		64.15		64.15	.003		64.15		.21
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.32		33.32	.003		33.32		.11
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,243
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	99	913	\$ 533,815.72	\$ 584.68	3.033	\$ 5392.08	\$ 1773.47
COMM HOSP INPATIENT TOTAL	30	384	517,926.59	1348.77	1.276	17264.22	1720.69
HSC HOSPITALS	14	153	162,097.32	1059.46	.508	11578.38	538.53
NON-HSC HOSPITALS TOTAL	17	191	352,864.45	1847.46	.635	20756.73	1172.31
ACCOMMODATIONS	17	191	106,688.09	558.58	.635	6275.77	354.45
ADMINISTRATIVE DAYS	7	56	11,770.35	210.18	.186	1681.48	39.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	135	94,917.74	703.09	.449	7301.36	315.34
ANCILLARIES	17	0	246,176.36	.00	.000	14480.96	817.86
INPATIENT CROSSOVERS	4	40	2,964.82	74.12	.133	741.21	9.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	76	529		15,889.13	30.04	1.757	209.07	52.79
MEDICAL	8	13		408.03	31.39	.043	51.00	1.36
SURGERY	11	11		574.43	52.22	.037	52.22	1.91
PATHOLOGY	23	134		1,116.22	8.33	.445	48.53	3.71
RADIOLOGY	22	40		4,226.37	105.66	.133	192.11	14.04
ROOM USE	30	41		1,645.68	40.14	.136	54.86	5.47
CROSSOVERS/ALL OTH OUTPTNT	55	290		7,918.40	27.30	.963	143.97	26.31
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19	241	\$	33,975.18	\$ 140.98	.801	\$ 1788.17	\$ 112.87
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19	241		33,975.18	140.98	.801	1788.17	112.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	20	108	\$	13,685.34	\$ 126.72	.359	\$ 684.27	\$ 45.47
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20	108		13,685.34	126.72	.359	684.27	45.47
@REHABILITATION FACILITY	2	7	\$	341.54	\$ 48.79	.023	\$ 170.77	\$ 1.13
HOSPITAL BASED	2	7		341.54	48.79	.023	170.77	1.13
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	31	112	\$	1,786.23	\$ 15.95	.372	\$ 57.62	\$ 5.93
PATHOLOGY	31	112		1,786.23	15.95	.372	57.62	5.93
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	25	76	\$	14,568.28	\$ 191.69	.252	\$ 582.73	\$ 48.40
CLINIC	2	2		51.29	25.65	.007	25.65	.17
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	23	74		14,516.99	196.18	.246	631.17	48.23

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	69	2,314	\$ 33,085.20	\$ 14.30	7.688	\$ 479.50	\$ 109.92
DURABLE MED. EQUIP.	8	25	14,384.19	575.37	.083	1798.02	47.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	32	2,019	8,387.28	4.15	6.708	262.10	27.86
AMBULANCES/AIR TRANS	10	237	2,451.51	10.34	.787	245.15	8.14
OTHER TRANS	22	1,711	5,723.05	3.34	5.684	260.14	19.01
OTHER SERVICES	3	71	212.72	3.00	.236	70.91	.71
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	76	7,017.56	92.34	.252	584.80	23.31
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	13	144.93	11.15	.043	28.99	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	1	1	7.79	7.79	.003	7.79	.03
PROSTHETIST/ORTHOTISTS	3	5	167.62	33.52	.017	55.87	.56
PROSTHETICS	3	5	167.62	33.52	.017	55.87	.56
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	15	1,518.62	101.24	.050	759.31	5.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	160	1,457.21	9.11	.532	58.29	4.84
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	105	3,496	\$ 36,949.49	\$ 10.57	11.615	\$ 351.90	\$ 122.76

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,245
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	306	2,120	\$ 669,167.05	\$ 315.64	8.760	\$ 2186.82	\$ 2765.15
@PHYSICIANS SERVICES	171	763	\$ 39,872.66	\$ 52.26	3.153	\$ 233.17	\$ 164.76
OUTPATIENT VISITS	88	119	4,744.39	39.87	.492	53.91	19.60
OFFICE VISITS	51	74	2,238.25	30.25	.306	43.89	9.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	37	41	2,383.80	58.14	.169	64.43	9.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	4	4	122.34	30.59	.017	30.59	.51
INPATIENT VISITS	23	82	4,534.54	55.30	.339	197.15	18.74
HOSPITAL VISITS	22	72	3,318.54	46.09	.298	150.84	13.71
CRITICAL CARE	5	10	1,216.00	121.60	.041	243.20	5.02
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	227	15,073.43	66.40	.938	486.24	62.29
PRINCIPAL SURGEON	20	37	10,689.55	288.91	.153	534.48	44.17
ASSISTANT SURGEON	3	3	557.61	185.87	.012	185.87	2.30
ANESTHESIOLOGIST	13	187	3,826.27	20.46	.773	294.33	15.81
OUTPATIENT SURGERY	24	84	6,970.62	82.98	.347	290.44	28.80
PRINCIPAL SURGEON	19	21	5,384.89	256.42	.087	283.42	22.25
ASSISTANT SURGEON	1	1	223.38	223.38	.004	223.38	.92
ANESTHESIOLOGIST	9	62	1,362.35	21.97	.256	151.37	5.63
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	17	23	535.37	23.28	.095	31.49	2.21
RADIOLOGY	60	182	6,437.99	35.37	.752	107.30	26.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	6	26.18	4.36	.025	26.18	.11
OTHER SERVICES/ALL X-OVERS	29	40	1,550.14	38.75	.165	53.45	6.41
@PHARMACY	103	338	\$ 475,920.23	\$ 1408.05	1.397	\$ 4620.58	\$ 1966.61
PRESCRIPTION DRUGS	98	305	26,107.53	85.60	1.260	266.40	107.88
SNF/ICF	2	27	1,559.98	57.78	.112	779.99	6.45
OUTPATIENTS	96	278	24,547.55	88.30	1.149	255.70	101.44
MEDICAL SUPPLIES	19	33	449,812.70	13630.69	.136	23674.35	1858.73
@DENTIST	35	142	\$ 6,303.99	\$ 44.39	.587	\$ 180.11	\$ 26.05
VISITS - DIAGNOSTIC	22	71	1,191.00	16.77	.293	54.14	4.92
ORAL SURGERY	5	8	248.00	31.00	.033	49.60	1.02
DRUGS	1	1	25.00	25.00	.004	25.00	.10
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	4	497.99	124.50	.017	166.00	2.06
RESTORATIVE DENTISTRY	17	49	3,462.00	70.65	.202	203.65	14.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	200.00	200.00	.004	200.00	.83
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.004	50.00	.21
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	3	630.00	210.00	.012	630.00	2.60
ALL OTHER SERVICES	3	4	.00	.00	.017	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,246
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37						

			----- MONTHLY AVERAGE -----				
242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	22	\$ 559.66	\$ 25.44	.091	\$ 69.96	\$ 2.31
DIAGNOSTIC AND ANC. PROCED	7	7	324.89	46.41	.029	46.41	1.34
EYE APPLIANCES	5	15	234.77	15.65	.062	46.95	.97
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	4	\$ 171.61	\$ 42.90	.017	\$ 171.61	\$.71

MEDICINE/INJECTIONS	1	1		21.40	21.40	.004	21.40	.09
SURGERY/ANES.	1	3		150.21	50.07	.012	150.21	.62
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	6	\$	449.16	\$ 74.86	.025	\$ 449.16	\$ 1.86
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	95	485	\$	124,685.39	\$ 257.08	2.004	\$ 1312.48	\$ 515.23
HOSP INPATIENT TOTAL	26	96		116,011.81	1208.46	.397	4461.99	479.39
HSC HOSPITALS	21	78		76,455.25	980.20	.322	3640.73	315.93
NON-HSC HOSPITAL TOTAL	5	18		39,556.56	2197.59	.074	7911.31	163.46
ACCOMMODATIONS	5	18		12,700.30	705.57	.074	2540.06	52.48
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	18		12,700.30	705.57	.074	2540.06	52.48
ANCILLARIES	5	0		26,856.26	.00	.000	5371.25	110.98
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	71	389		8,673.58	22.30	1.607	122.16	35.84
MEDICAL	14	22		563.50	25.61	.091	40.25	2.33
SURGERY	8	10		544.80	54.48	.041	68.10	2.25
PATHOLOGY	36	157		1,480.72	9.43	.649	41.13	6.12
RADIOLOGY	32	45		2,575.17	57.23	.186	80.47	10.64
ROOM USE	50	65		2,471.94	38.03	.269	49.44	10.21
CROSSOVERS/ALL OTH OUTPTNT	33	90		1,037.45	11.53	.372	31.44	4.29
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

	242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	485	\$	124,685.39	\$ 257.08	2.004	\$ 1312.48	\$ 515.23
COMM HOSP INPATIENT TOTAL	26	96		116,011.81	1208.46	.397	4461.99	479.39
HSC HOSPITALS	21	78		76,455.25	980.20	.322	3640.73	315.93
NON-HSC HOSPITALS TOTAL	5	18		39,556.56	2197.59	.074	7911.31	163.46
ACCOMMODATIONS	5	18		12,700.30	705.57	.074	2540.06	52.48

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	18	12,700.30	705.57	.074	2540.06	52.48
ANCILLARIES	5	0	26,856.26	.00	.000	5371.25	110.98
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	71	389	8,673.58	22.30	1.607	122.16	35.84
MEDICAL	14	22	563.50	25.61	.091	40.25	2.33
SURGERY	8	10	544.80	54.48	.041	68.10	2.25
PATHOLOGY	36	157	1,480.72	9.43	.649	41.13	6.12
RADIOLOGY	32	45	2,575.17	57.23	.186	80.47	10.64
ROOM USE	50	65	2,471.94	38.03	.269	49.44	10.21
CROSSOVERS/ALL OTH OUTPTNT	33	90	1,037.45	11.53	.372	31.44	4.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	120	\$ 10,794.73	\$ 89.96	.496	\$ 2698.68	\$ 44.61
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	120	10,794.73	89.96	.496	2698.68	44.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	97	\$ 1,327.16	\$ 13.68	.401	\$ 73.73	\$ 5.48
PATHOLOGY	18	97	1,327.16	13.68	.401	73.73	5.48
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	19	\$ 2,736.61	\$ 144.03	.079	\$ 390.94	\$ 11.31
CLINIC	1	1	29.71	29.71	.004	29.71	.12
SURGICENTER	1	11	362.41	32.95	.045	362.41	1.50
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	7	2,344.49	334.93	.029	468.90	9.69

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

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242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	124	\$ 6,345.85	\$ 51.18	.512	\$ 396.62	\$ 26.22
DURABLE MED. EQUIP.	1	2	38.26	19.13	.008	38.26	.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	104	5,782.08	55.60	.430	826.01	23.89
AMBULANCES/AIR TRANS	7	104	5,782.08	55.60	.430	826.01	23.89
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	1	3		199.62	66.54	.012	199.62	.82
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		118.77	11.88	.041	23.75	.49
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4		197.29	49.32	.017	197.29	.82
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1		9.83	9.83	.004	9.83	.04
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	11	81	\$	459,936.04	\$ 5678.22	.335	\$ 41812.37	\$ 1900.56
@XOVER EXCLUDING STATE HOSP**	2	3	\$	63.17	\$ 21.06	.012	\$ 31.59	\$.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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714 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,025	20,858	\$ 1,913,187.44	\$ 91.72	29.213	\$ 1866.52	\$ 2679.53
@PHYSICIANS SERVICES	380	4,861	\$ 104,237.31	\$ 21.44	6.808	\$ 274.31	\$ 145.99
OUTPATIENT VISITS	140	197	7,886.53	40.03	.276	56.33	11.05
OFFICE VISITS	87	127	3,637.39	28.64	.178	41.81	5.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	56	64	4,093.12	63.96	.090	73.09	5.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	156.02	26.00	.008	31.20	.22
INPATIENT VISITS	58	373	18,719.76	50.19	.522	322.75	26.22
HOSPITAL VISITS	55	322	12,865.50	39.95	.451	233.92	18.02
CRITICAL CARE	10	45	5,576.98	123.93	.063	557.70	7.81
SNF/ICF/TRANS IP CARE	5	6	277.28	46.21	.008	55.46	.39
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	64	435	34,989.74	80.44	.609	546.71	49.01
PRINCIPAL SURGEON	47	93	25,906.34	278.56	.130	551.20	36.28
ASSISTANT SURGEON	7	8	1,824.71	228.09	.011	260.67	2.56
ANESTHESIOLOGIST	27	334	7,258.69	21.73	.468	268.84	10.17
OUTPATIENT SURGERY	42	167	12,838.55	76.88	.234	305.68	17.98
PRINCIPAL SURGEON	32	39	9,847.58	252.50	.055	307.74	13.79
ASSISTANT SURGEON	2	2	339.54	169.77	.003	169.77	.48
ANESTHESIOLOGIST	15	126	2,651.43	21.04	.176	176.76	3.71
DIALYSIS	3	13	695.82	53.52	.018	231.94	.97
PATHOLOGY	36	60	2,007.37	33.46	.084	55.76	2.81

RADIOLOGY	101	378		17,439.58	46.14	.529	172.67	24.43	
PSYCHIATRY	0	0		6.90	.00	.000	.00	.01	
IMMUNIZATION AND INJECTION	4	20		103.36	5.17	.028	25.84	.14	
OTHER SERVICES/ALL X-OVERS	152	3,218		9,549.70	2.97	4.507	62.83	13.37	
@PHARMACY	491	2,603	\$	755,943.81	\$ 290.41	3.646	\$ 1539.60	\$ 1058.74	
PRESCRIPTION DRUGS	479	2,524		303,571.14	120.27	3.535	633.76	425.17	
SNF/ICF	88	629		36,560.35	58.12	.881	415.46	51.20	
OUTPATIENTS	395	1,895		267,010.79	140.90	2.654	675.98	373.96	
MEDICAL SUPPLIES	38	79		452,372.67	5726.24	.111	11904.54	633.58	
@DENTIST	107	404	\$	15,662.99	\$ 38.77	.566	\$ 146.38	\$ 21.94	
VISITS - DIAGNOSTIC	67	193		1,915.00	9.92	.270	28.58	2.68	
ORAL SURGERY	11	27		621.00	23.00	.038	56.45	.87	
DRUGS	2	2		25.00	12.50	.003	12.50	.04	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	3	8		400.00	50.00	.011	133.33	.56	
ENDODONTICS	8	17		1,917.99	112.82	.024	239.75	2.69	
RESTORATIVE DENTISTRY	45	128		8,724.00	68.16	.179	193.87	12.22	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	8	10		1,180.00	118.00	.014	147.50	1.65	
SPACE MAINTAINERS	1	1		200.00	200.00	.001	200.00	.28	
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.001	50.00	.07	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	1	3		630.00	210.00	.004	630.00	.88	
ALL OTHER SERVICES	8	14		.00	.00	.020	.00	.00	
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	714 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	42	\$	887.68	\$ 21.14	.059	\$ 55.48	\$ 1.24
DIAGNOSTIC AND ANC. PROCED	8	8		372.34	46.54	.011	46.54	.52

EYE APPLIANCES	12	32		511.88	16.00	.045	42.66	.72
OTHER OPTOMETRIC SERVICES	1	2		3.46	1.73	.003	3.46	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	21	68	\$	805.90	\$ 11.85	.095	\$ 38.38	\$ 1.13
MEDICINE/INJECTIONS	1	1		21.40	21.40	.001	21.40	.03
SURGERY/ANES.	1	3		150.21	50.07	.004	150.21	.21
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	20	64		634.29	9.91	.090	31.71	.89
@HOME HEALTH AGENCY	13	185	\$	13,597.42	\$ 73.50	.259	\$ 1045.96	\$ 19.04
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	211	1,503	\$	661,528.87	\$ 440.14	2.105	\$ 3135.21	\$ 926.51
HOSP INPATIENT TOTAL	59	491		635,747.18	1294.80	.688	10775.38	890.40
HSC HOSPITALS	35	231		238,552.57	1032.70	.324	6815.79	334.11
NON-HSC HOSPITAL TOTAL	22	209		392,421.01	1877.61	.293	17837.32	549.61
ACCOMMODATIONS	22	209		119,388.39	571.24	.293	5426.75	167.21
ADMINISTRATIVE DAYS	7	56		11,770.35	210.18	.078	1681.48	16.49
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	153		107,618.04	703.39	.214	5978.78	150.73
ANCILLARIES	22	0		273,032.62	.00	.000	12410.57	382.40
INPATIENT CROSSOVERS	7	51		4,773.60	93.60	.071	681.94	6.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	161	1,012		25,781.69	25.48	1.417	160.13	36.11
MEDICAL	23	36		1,035.68	28.77	.050	45.03	1.45
SURGERY	19	21		1,119.23	53.30	.029	58.91	1.57
PATHOLOGY	59	291		2,596.94	8.92	.408	44.02	3.64
RADIOLOGY	54	85		6,808.30	80.10	.119	126.08	9.54
ROOM USE	81	107		4,150.94	38.79	.150	51.25	5.81
CROSSOVERS/ALL OTH OUTPTNT	101	472		10,070.60	21.34	.661	99.71	14.10
@COUNTY HOSPITAL TOTAL	1	2	\$	97.47	\$ 48.74	.003	\$ 97.47	\$.14
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2		97.47	48.74	.003	97.47	.14
MEDICAL	1	1		64.15	64.15	.001	64.15	.09
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		33.32	33.32	.001	33.32	.05
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
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714 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	210	1,501	\$	661,431.40	\$ 440.66	2.102	\$ 3149.67	\$ 926.37
COMM HOSP INPATIENT TOTAL	59	491		635,747.18	1294.80	.688	10775.38	890.40
HSC HOSPITALS	35	231		238,552.57	1032.70	.324	6815.79	334.11
NON-HSC HOSPITALS TOTAL	22	209		392,421.01	1877.61	.293	17837.32	549.61
ACCOMMODATIONS	22	209		119,388.39	571.24	.293	5426.75	167.21
ADMINISTRATIVE DAYS	7	56		11,770.35	210.18	.078	1681.48	16.49
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	153		107,618.04	703.39	.214	5978.78	150.73
ANCILLARIES	22	0		273,032.62	.00	.000	12410.57	382.40
INPATIENT CROSSOVERS	7	51		4,773.60	93.60	.071	681.94	6.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	160	1,010		25,684.22	25.43	1.415	160.53	35.97
MEDICAL	22	35		971.53	27.76	.049	44.16	1.36
SURGERY	19	21		1,119.23	53.30	.029	58.91	1.57
PATHOLOGY	59	291		2,596.94	8.92	.408	44.02	3.64
RADIOLOGY	54	85		6,808.30	80.10	.119	126.08	9.54
ROOM USE	80	106		4,117.62	38.85	.148	51.47	5.77
CROSSOVERS/ALL OTH OUTPTNT	101	472		10,070.60	21.34	.661	99.71	14.10
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	91	2,335	\$	253,770.11	\$ 108.68	3.270	\$ 2788.68	\$ 355.42
LEV A-INTERMEDIATE	1	17		1,124.72	66.16	.024	1124.72	1.58
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	90	2,318		252,645.39	108.99	3.246	2807.17	353.85
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	26	122	\$	18,882.41	\$ 154.77	.171	\$ 726.25	\$ 26.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	26	122		18,882.41	154.77	.171	726.25	26.45
@REHABILITATION FACILITY	2	7	\$	341.54	\$ 48.79	.010	\$ 170.77	\$.48
HOSPITAL BASED	2	7		341.54	48.79	.010	170.77	.48
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	51	215	\$	3,169.29	\$ 14.74	.301	\$ 62.14	\$ 4.44
PATHOLOGY	51	215		3,169.29	14.74	.301	62.14	4.44
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	106	\$	18,016.22	\$ 169.96	.148	\$ 486.92	\$ 25.23
CLINIC	3	3		81.00	27.00	.004	27.00	.11
SURGICENTER	2	17		593.62	34.92	.024	296.81	.83
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	32	86		17,341.60	201.65	.120	541.93	24.29
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	714 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	143	8,407	\$	66,343.89	\$ 7.89	11.775	\$ 463.94	\$ 92.92
DURABLE MED. EQUIP.	11	38		14,524.95	382.24	.053	1320.45	20.34
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	2	5	2,303.40	460.68	.007	1151.70	3.23
MEDICAL TRANSPORTATION	47	2,364	15,400.65	6.51	3.311	327.67	21.57
AMBULANCES/AIR TRANS	18	347	8,358.50	24.09	.486	464.36	11.71
OTHER TRANS	28	1,941	6,783.11	3.49	2.718	242.25	9.50
OTHER SERVICES	4	76	259.04	3.41	.106	64.76	.36
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	26	259	17,050.19	65.83	.363	655.78	23.88
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	76	7,017.56	92.34	.106	584.80	9.83
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	35	384.90	11.00	.049	27.49	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	7.79	7.79	.001	7.79	.01
PROSTHETIST/ORTHOTISTS	3	5	167.62	33.52	.007	55.87	.23
PROSTHETICS	3	5	167.62	33.52	.007	55.87	.23
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	975.56	195.11	.007	487.78	1.37
HOSPICE SERVICES	4	52	5,487.98	105.54	.073	1372.00	7.69
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.001	9.83	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	5,566	3,013.46	.54	7.796	75.34	4.22
@CALIF. CHILDREN SERVICES*	11	81	\$ 459,936.04	\$ 5678.22	.113	\$ 41812.37	\$ 644.17
@XOVER EXCLUDING STATE HOSP**	168	3,721	\$ 49,590.98	\$ 13.33	5.211	\$ 295.18	\$ 69.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,253
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	

6,963 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,783	271,017	\$ 19,324,856.97	\$ 71.30	38.922	\$ 2849.01	\$ 2775.36
@PHYSICIANS SERVICES	550	895	\$ 13,018.27	\$ 14.55	.129	\$ 23.67	\$ 1.87
OUTPATIENT VISITS	3	3	136.49	45.50	.000	45.50	.02
OFFICE VISITS	1	1	47.20	47.20	.000	47.20	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.000	20.94	.00
INPATIENT VISITS	6	3	106.96	35.65	.000	17.83	.02
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	6	3	106.96	35.65	.000	17.83	.02
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	5	133.38	26.68	.001	133.38	.02
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	133.38	26.68	.001	133.38	.02

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.72	4.72	.000	4.72	.00
RADIOLOGY	2	2	40.40	20.20	.000	20.20	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	539	881	12,596.32	14.30	.127	23.37	1.81
@PHARMACY	5,455	43,554	\$ 1,351,678.20	\$ 31.03	6.255	\$ 247.79	\$ 194.12
PRESCRIPTION DRUGS	5,440	30,271	1,318,639.65	43.56	4.347	242.40	189.38
SNF/ICF	4,972	27,869	1,233,250.31	44.25	4.002	248.04	177.11
OUTPATIENTS	650	2,402	85,389.34	35.55	.345	131.37	12.26
MEDICAL SUPPLIES	466	13,283	33,038.55	2.49	1.908	70.90	4.74
@DENTIST	525	984	\$ 45,790.25	\$ 46.53	.141	\$ 87.22	\$ 6.58
VISITS - DIAGNOSTIC	456	794	16,938.50	21.33	.114	37.15	2.43
ORAL SURGERY	31	47	1,955.00	41.60	.007	63.06	.28
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	8	600.00	75.00	.001	120.00	.09
ENDODONTICS	2	4	590.00	147.50	.001	295.00	.08
RESTORATIVE DENTISTRY	7	9	478.00	53.11	.001	68.29	.07
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	71	118	25,123.75	212.91	.017	353.86	3.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	75.00	25.00	.000	37.50	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,254
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		

6,963 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	94		198	\$		4,250.08	\$	21.47		.028	\$	45.21	\$	.61	
DIAGNOSTIC AND ANC. PROCED	23		23			1,055.85		45.91		.003		45.91		.15	
EYE APPLIANCES	63		160			2,881.38		18.01		.023		45.74		.41	
OTHER OPTOMETRIC SERVICES	12		15			312.85		20.86		.002		26.07		.04	
@CHIROPRACTOR	0		0	\$		.00	\$	.00		.000	\$	.00	\$	.00	
VISITS	0		0			.00		.00		.000		.00		.00	
OTHER SERVICES	0		0			.00		.00		.000		.00		.00	
@PODIATRIST	606		692	\$		7,700.67	\$	11.13		.099	\$	12.71	\$	1.11	
MEDICINE/INJECTIONS	0		0			.00		.00		.000		.00		.00	
SURGERY/ANES.	0		0			.00		.00		.000		.00		.00	
RADIO./PATHOLOGY	0		0			.00		.00		.000		.00		.00	
OTHER	606		692			7,700.67		11.13		.099		12.71		1.11	
@HOME HEALTH AGENCY	0		0	\$		.00	\$	.00		.000	\$	.00	\$	.00	
NURSE ANESTHESIST	1		4	\$		4.51	\$	1.13		.001	\$	4.51	\$	.00	
NURSE MIDWIFE	0		0	\$		.00	\$	.00		.000	\$	.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0		0	\$		.00	\$	.00		.000	\$	.00	\$	.00	
FAMILY NURSE PRACTITIONER	0		0	\$		.00	\$	.00		.000	\$	.00	\$	.00	
@TOTAL HOSPITAL	96		661	\$		32,450.16	\$	49.09		.095	\$	338.02	\$	4.66	
HOSP INPATIENT TOTAL	34		170			23,459.85		138.00		.024		690.00		3.37	
HSC HOSPITALS	0		0			.00		.00		.000		.00		.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	34	170	23,459.85	138.00	.024	690.00	3.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	63	491	8,990.31	18.31	.071	142.70	1.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	63	491	8,990.31	18.31	.071	142.70	1.29
@COUNTY HOSPITAL TOTAL	1	1	\$ 47.00	\$ 47.00	.000	\$ 47.00	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	47.00	47.00	.000	47.00	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	1	1	47.00	47.00	.000	47.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,255
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		
						----- MONTHLY AVERAGE -----	
6,963 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	660	\$ 32,403.16	\$ 49.10	.095	\$ 341.09	\$ 4.65
COMM HOSP INPATIENT TOTAL	34	170	23,459.85	138.00	.024	690.00	3.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	34	170	23,459.85	138.00	.024	690.00	3.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	62	490	8,943.31	18.25	.070	144.25	1.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	62	490	8,943.31	18.25	.070	144.25	1.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6,056	198,276	\$ 17,607,502.10	\$ 88.80	28.476	\$ 2907.45	\$ 2528.72
LEV A-INTERMEDIATE	391	12,964	574,067.44	44.28	1.862	1468.20	82.45
LEV B-REHAB MD	24	730	69,579.00	95.31	.105	2899.13	9.99
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	481	196,952.32	409.46	.069	39390.46	28.29
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5,643	184,101	16,766,903.34	91.07	26.440	2971.27	2408.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	36	39	\$ 19,287.08	\$ 494.54	.006	\$ 535.75	\$ 2.77
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	36	39	19,287.08	494.54	.006	535.75	2.77
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	67	\$ 5.19	\$.08	.010	\$ 2.60	\$.00
PATHOLOGY	1	1	4.37	4.37	.000	4.37	.00
XO AND OTHERS	1	66	.82	.01	.009	.82	.00
@ORGANIZED OUTPATIENT CLINIC	16	24	\$ 2,174.95	\$ 90.62	.003	\$ 135.93	\$.31
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	5	4	802.82	200.71	.001	160.56	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	20	1,372.13	68.61	.003	124.74	.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,256
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		

6,963 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	848	25,623	\$ 240,995.51	\$ 9.41	3.680	\$ 284.19	\$ 34.61
DURABLE MED. EQUIP.	172	1,301	73,565.74	56.55	.187	427.71	10.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7	1,530.88	218.70	.001	306.18	.22
MEDICAL TRANSPORTATION	482	15,552	58,622.70	3.77	2.234	121.62	8.42
AMBULANCES/AIR TRANS	17	90	1,930.19	21.45	.013	113.54	.28
OTHER TRANS	455	15,345	55,891.51	3.64	2.204	122.84	8.03
OTHER SERVICES	14	117	801.00	6.85	.017	57.21	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	69	140	1,787.70	12.77	.020	25.91	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	17	37	216.77	5.86	.005	12.75	.03
PROSTHETIST/ORTHOTISTS	3	4	110.40	27.60	.001	36.80	.02
PROSTHETICS	3	4	110.40	27.60	.001	36.80	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	14	14	255.97	18.28	.002	18.28	.04
SPEECH AND AUDIOLOGY	51	73	8,939.10	122.45	.010	175.28	1.28
HOSPICE SERVICES	34	927	92,459.72	99.74	.133	2719.40	13.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	7,568	3,506.53	.46	1.087	63.76	.50
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,560	14,664	\$ 193,051.86	\$ 13.17	2.106	\$ 123.75	\$ 27.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 9,257
01/17/03

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26	2,045	\$ 111,154.32	\$ 54.35	85.208	\$ 4275.17	\$ 4631.43
@PHYSICIANS SERVICES	2	2	\$ 35.35	\$ 17.68	.083	\$ 17.68	\$ 1.47
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		35.35	17.68	.083	17.68	1.47
@PHARMACY	25	1,182	\$	11,034.76	\$ 9.34	49.250	\$ 441.39	\$ 459.78
PRESCRIPTION DRUGS	25	168		10,436.50	62.12	7.000	417.46	434.85
SNF/ICF	14	51		1,623.62	31.84	2.125	115.97	67.65
OUTPATIENTS	12	117		8,812.88	75.32	4.875	734.41	367.20
MEDICAL SUPPLIES	4	1,014		598.26	.59	42.250	149.57	24.93
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,258
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	37	\$	1,766.78	\$	47.75	1.542	\$	588.93	\$	73.62
HOSP INPATIENT TOTAL	2	24		1,624.00		67.67	1.000		812.00		67.67
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	24		1,624.00		67.67	1.000		812.00		67.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	13		142.78		10.98	.542		71.39		5.95
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	13		142.78		10.98	.542		71.39		5.95
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,259
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	37	\$ 1,766.78	\$ 47.75	1.542	\$ 588.93	\$ 73.62
COMM HOSP INPATIENT TOTAL	2	24	1,624.00	67.67	1.000	812.00	67.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24	1,624.00	67.67	1.000	812.00	67.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2	13		142.78		10.98	.542	71.39	5.95
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	2	13		142.78		10.98	.542	71.39	5.95
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	14	414	\$	38,141.16	\$	92.13	17.250	\$ 2724.37	\$ 1589.22
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	14	414		38,141.16		92.13	17.250	2724.37	1589.22
@INTERMEDIATE CARE FACIL.-DD	12	359	\$	58,938.76	\$	164.17	14.958	\$ 4911.56	\$ 2455.78
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	12	359		58,938.76		164.17	14.958	4911.56	2455.78
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	.00	\$	.00	.125	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00

SURGICENTER	2	3	.00	.00	.125	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,260
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	48	\$ 1,237.51	\$ 25.78	2.000	\$ 112.50	\$ 51.56
DURABLE MED. EQUIP.	6	29	388.00	13.38	1.208	64.67	16.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	19	849.51	44.71	.792	121.36	35.40
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	15	\$ 1,841.60	\$ 122.77	.625	\$ 306.93	\$ 76.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,261
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

873 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	918	72,657	\$ 4,255,390.20	\$ 58.57	83.227	\$ 4635.50	\$ 4874.44
@PHYSICIANS SERVICES	203	931	\$ 34,487.13	\$ 37.04	1.066	\$ 169.89	\$ 39.50
OUTPATIENT VISITS	33	62	2,695.89	43.48	.071	81.69	3.09
OFFICE VISITS	20	28	1,085.60	38.77	.032	54.28	1.24
HOME VISITS	14	22	754.60	34.30	.025	53.90	.86
EMERGENCY ROOM	9	12	855.69	71.31	.014	95.08	.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	49	252	11,748.94	46.62	.289	239.77	13.46
HOSPITAL VISITS	20	188	8,392.43	44.64	.215	419.62	9.61
CRITICAL CARE	6	14	1,639.70	117.12	.016	273.28	1.88
SNF/ICF/TRANS IP CARE	32	50	1,716.81	34.34	.057	53.65	1.97
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	103	9,656.52	93.75	.118	643.77	11.06
PRINCIPAL SURGEON	9	26	7,441.09	286.20	.030	826.79	8.52
ASSISTANT SURGEON	2	3	458.59	152.86	.003	229.30	.53
ANESTHESIOLOGIST	8	74	1,756.84	23.74	.085	219.61	2.01
OUTPATIENT SURGERY	10	42	1,268.77	30.21	.048	126.88	1.45
PRINCIPAL SURGEON	4	4	293.08	73.27	.005	73.27	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	38	975.69	25.68	.044	139.38	1.12
DIALYSIS	1	1	153.36	153.36	.001	153.36	.18
PATHOLOGY	4	4	63.06	15.77	.005	15.77	.07
RADIOLOGY	21	130	3,448.12	26.52	.149	164.20	3.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	132	337	5,452.47	16.18	.386	41.31	6.25
@PHARMACY	764	41,361	\$ 339,569.98	\$ 8.21	47.378	\$ 444.46	\$ 388.97
PRESCRIPTION DRUGS	753	4,680	316,757.26	67.68	5.361	420.66	362.84
SNF/ICF	582	3,888	249,545.38	64.18	4.454	428.77	285.85
OUTPATIENTS	182	792	67,211.88	84.86	.907	369.30	76.99
MEDICAL SUPPLIES	130	36,681	22,812.72	.62	42.017	175.48	26.13
@DENTIST	93	372	\$ 15,397.00	\$ 41.39	.426	\$ 165.56	\$ 17.64
VISITS - DIAGNOSTIC	85	284	4,817.00	16.96	.325	56.67	5.52
ORAL SURGERY	11	24	882.00	36.75	.027	80.18	1.01
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	14	27	5,255.00	194.63	.031	375.36	6.02
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	12	27	1,608.00	59.56	.031	134.00	1.84
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	10	2,835.00	283.50	.011	472.50	3.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,262
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED						
				AID CODE			
				----- MONTHLY AVERAGE -----			
873 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	68	\$ 1,270.41	\$ 18.68	.078	\$ 48.86	\$ 1.46
DIAGNOSTIC AND ANC. PROCED	7	7	332.15	47.45	.008	47.45	.38
EYE APPLIANCES	17	48	784.16	16.34	.055	46.13	.90
OTHER OPTOMETRIC SERVICES	6	13	154.10	11.85	.015	25.68	.18
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	47	51	\$ 488.65	\$ 9.58	.058	\$ 10.40	\$.56

MEDICINE/INJECTIONS	1	1	51.00	51.00	.001	51.00	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	46	50	437.65	8.75	.057	9.51	.50
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	60	815	\$ 455,047.90	\$ 558.34	.934	\$ 7584.13	\$ 521.25
HOSP INPATIENT TOTAL	19	477	447,439.32	938.03	.546	23549.44	512.53
HSC HOSPITALS	5	164	195,071.00	1189.46	.188	39014.20	223.45
NON-HSC HOSPITAL TOTAL	9	201	237,342.58	1180.81	.230	26371.40	271.87
ACCOMMODATIONS	9	201	84,413.20	419.97	.230	9379.24	96.69
ADMINISTRATIVE DAYS	5	129	29,837.70	231.30	.148	5967.54	34.18
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	72	54,575.50	757.99	.082	10915.10	62.51
ANCILLARIES	9	0	152,929.38	.00	.000	16992.15	175.18
INPATIENT CROSSOVERS	6	112	15,025.74	134.16	.128	2504.29	17.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44	338	7,608.58	22.51	.387	172.92	8.72
MEDICAL	4	7	236.36	33.77	.008	59.09	.27
SURGERY	3	3	157.18	52.39	.003	52.39	.18
PATHOLOGY	12	132	1,408.36	10.67	.151	117.36	1.61
RADIOLOGY	6	10	1,154.95	115.50	.011	192.49	1.32
ROOM USE	9	14	642.43	45.89	.016	71.38	.74
CROSSOVERS/ALL OTH OUTPTNT	33	172	4,009.30	23.31	.197	121.49	4.59
@COUNTY HOSPITAL TOTAL	1	41	\$ 55,432.00	\$ 1352.00	.047	\$ 55432.00	\$ 63.50
CO HOSPITAL INPATIENT TOTAL	1	41	55,432.00	1352.00	.047	55432.00	63.50
HSC HOSPITALS	1	41	55,432.00	1352.00	.047	55432.00	63.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,263
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

873 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	59	774	\$ 399,615.90	\$ 516.30	.887	\$ 6773.15	\$ 457.75
COMM HOSP INPATIENT TOTAL	18	436	392,007.32	899.10	.499	21778.18	449.03
HSC HOSPITALS	4	123	139,639.00	1135.28	.141	34909.75	159.95
NON-HSC HOSPITALS TOTAL	9	201	237,342.58	1180.81	.230	26371.40	271.87
ACCOMMODATIONS	9	201	84,413.20	419.97	.230	9379.24	96.69

AID CODE

----- MONTHLY AVERAGE -----

ADMINISTRATIVE DAYS	5	129		29,837.70	231.30	.148	5967.54	34.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	72		54,575.50	757.99	.082	10915.10	62.51
ANCILLARIES	9	0		152,929.38	.00	.000	16992.15	175.18
INPATIENT CROSSOVERS	6	112		15,025.74	134.16	.128	2504.29	17.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	338		7,608.58	22.51	.387	172.92	8.72
MEDICAL	4	7		236.36	33.77	.008	59.09	.27
SURGERY	3	3		157.18	52.39	.003	52.39	.18
PATHOLOGY	12	132		1,408.36	10.67	.151	117.36	1.61
RADIOLOGY	6	10		1,154.95	115.50	.011	192.49	1.32
ROOM USE	9	14		642.43	45.89	.016	71.38	.74
CROSSOVERS/ALL OTH OUTPTNT	33	172		4,009.30	23.31	.197	121.49	4.59
@STATE HOSPITAL	12	365	\$	160,256.90	\$ 439.06	.418	\$ 13354.74	\$ 183.57
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365		160,256.90	439.06	.418	13354.74	183.57
@NURSING FACILITY	435	14,196	\$	1,539,911.09	\$ 108.47	16.261	\$ 3540.03	\$ 1763.93
LEV A-INTERMEDIATE	50	1,721		82,073.25	47.69	1.971	1641.47	94.01
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	433		211,471.14	488.39	.496	23496.79	242.23
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	378	12,042		1,246,366.70	103.50	13.794	3297.27	1427.68
@INTERMEDIATE CARE FACIL.-DD	330	10,240	\$	1,556,481.60	\$ 152.00	11.730	\$ 4716.61	\$ 1782.91
ICF DDH	130	4,095		546,760.79	133.52	4.691	4205.85	626.30
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	200	6,145		1,009,720.81	164.32	7.039	5048.60	1156.61
@HEMODIALYSIS TOTAL	4	6	\$	2,621.69	\$ 436.95	.007	\$ 655.42	\$ 3.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	6		2,621.69	436.95	.007	655.42	3.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	24	151	\$	1,762.40	\$ 11.67	.173	\$ 73.43	\$ 2.02
PATHOLOGY	23	150		1,756.15	11.71	.172	76.35	2.01
XO AND OTHERS	1	1		6.25	6.25	.001	6.25	.01
@ORGANIZED OUTPATIENT CLINIC	29	146	\$	16,716.20	\$ 114.49	.167	\$ 576.42	\$ 19.15
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	17	66		2,345.12	35.53	.076	137.95	2.69
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	80		14,371.08	179.64	.092	1197.59	16.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,264
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED							

				AID CODE				----- MONTHLY AVERAGE -----	
873 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	369	3,955	\$ 131,379.25	\$ 33.22	4.530	\$ 356.04	\$ 150.49		
DURABLE MED. EQUIP.	111	627	86,732.53	138.33	.718	781.37	99.35		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	1	2	1,156.43	578.22	.002	1156.43	1.32		
MEDICAL TRANSPORTATION	74	2,429	10,167.58	4.19	2.782	137.40	11.65		
AMBULANCES/AIR TRANS	11	502	3,083.59	6.14	.575	280.33	3.53		
OTHER TRANS	64	1,927	7,083.99	3.68	2.207	110.69	8.11		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	29	172.13	5.94	.033	86.07	.20
OPTICIAN	17	35	473.63	13.53	.040	27.86	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	76.66	25.55	.003	76.66	.09
PROSTHETIST/ORTHOTISTS	3	7	400.60	57.23	.008	133.53	.46
PROSTHETICS	3	7	400.60	57.23	.008	133.53	.46
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	58.00	14.50	.005	14.50	.07
SPEECH AND AUDIOLOGY	223	743	29,957.49	40.32	.851	134.34	34.32
HOSPICE SERVICES	2	10	1,004.76	100.48	.011	502.38	1.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	66	1,179.44	17.87	.076	43.68	1.35
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	253	16,175	\$ 49,031.42	\$ 3.03	18.528	\$ 193.80	\$ 56.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,265
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	DISCONTIN ----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,266
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,267
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES						DISCONTIN
----- MONTHLY AVERAGE -----							
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV							
MOP024							
PLACER COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 9,268
01/17/03

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	.00	.000	.00	.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,269
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

	7,860 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,727	345,719	\$	23,691,401.49	\$ 68.53	43.985	\$ 3066.05	\$ 3014.17
@PHYSICIANS SERVICES	755	1,828	\$	47,540.75	\$ 26.01	.233	\$ 62.97	\$ 6.05
OUTPATIENT VISITS	36	65		2,832.38	43.58	.008	78.68	.36
OFFICE VISITS	21	29		1,132.80	39.06	.004	53.94	.14
HOME VISITS	14	22		754.60	34.30	.003	53.90	.10
EMERGENCY ROOM	10	13		924.04	71.08	.002	92.40	.12
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		20.94	20.94	.000	20.94	.00
INPATIENT VISITS	55	255		11,855.90	46.49	.032	215.56	1.51
HOSPITAL VISITS	20	188		8,392.43	44.64	.024	419.62	1.07
CRITICAL CARE	6	14		1,639.70	117.12	.002	273.28	.21
SNF/ICF/TRANS IP CARE	38	53		1,823.77	34.41	.007	47.99	.23
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	108		9,789.90	90.65	.014	611.87	1.25
PRINCIPAL SURGEON	9	26		7,441.09	286.20	.003	826.79	.95
ASSISTANT SURGEON	2	3		458.59	152.86	.000	229.30	.06
ANESTHESIOLOGIST	9	79		1,890.22	23.93	.010	210.02	.24

OUTPATIENT SURGERY	10	42		1,268.77	30.21	.005	126.88	.16
PRINCIPAL SURGEON	4	4		293.08	73.27	.001	73.27	.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	38		975.69	25.68	.005	139.38	.12
DIALYSIS	1	1		153.36	153.36	.000	153.36	.02
PATHOLOGY	5	5		67.78	13.56	.001	13.56	.01
RADIOLOGY	23	132		3,488.52	26.43	.017	151.67	.44
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	673	1,220		18,084.14	14.82	.155	26.87	2.30
@PHARMACY	6,244	86,097	\$	1,702,282.94	\$ 19.77	10.954	\$ 272.63	\$ 216.58
PRESCRIPTION DRUGS	6,218	35,119		1,645,833.41	46.86	4.468	264.69	209.39
SNF/ICF	5,568	31,808		1,484,419.31	46.67	4.047	266.60	188.86
OUTPATIENTS	844	3,311		161,414.10	48.75	.421	191.25	20.54
MEDICAL SUPPLIES	600	50,978		56,449.53	1.11	6.486	94.08	7.18
@DENTIST	618	1,356	\$	61,187.25	\$ 45.12	.173	\$ 99.01	\$ 7.78
VISITS - DIAGNOSTIC	541	1,078		21,755.50	20.18	.137	40.21	2.77
ORAL SURGERY	42	71		2,837.00	39.96	.009	67.55	.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	19	35		5,855.00	167.29	.004	308.16	.74
ENDODONTICS	2	4		590.00	147.50	.001	295.00	.08
RESTORATIVE DENTISTRY	19	36		2,086.00	57.94	.005	109.79	.27
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	77	128		27,958.75	218.43	.016	363.10	3.56
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		75.00	25.00	.000	37.50	.01

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PLACER COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

7,860 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	120	266	\$ 5,520.49	\$ 20.75	.034	\$ 46.00	\$.70
DIAGNOSTIC AND ANC. PROCED	30	30	1,388.00	46.27	.004	46.27	.18
EYE APPLIANCES	80	208	3,665.54	17.62	.026	45.82	.47
OTHER OPTOMETRIC SERVICES	18	28	466.95	16.68	.004	25.94	.06
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	653	743	\$ 8,189.32	\$ 11.02	.095	\$ 12.54	\$ 1.04
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	652	742	8,138.32	10.97	.094	12.48	1.04
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	4	4.51	1.13	.001	4.51	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	159	1,513	\$ 489,264.84	\$ 323.37	.192	\$ 3077.14	\$ 62.25
HOSP INPATIENT TOTAL	55	671	472,523.17	704.21	.085	8591.33	60.12
HSC HOSPITALS	5	164	195,071.00	1189.46	.021	39014.20	24.82
NON-HSC HOSPITAL TOTAL	9	201	237,342.58	1180.81	.026	26371.40	30.20
ACCOMMODATIONS	9	201	84,413.20	419.97	.026	9379.24	10.74
ADMINISTRATIVE DAYS	5	129	29,837.70	231.30	.016	5967.54	3.80
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	72	54,575.50	757.99	.009	10915.10	6.94
ANCILLARIES	9	0	152,929.38	.00	.000	16992.15	19.46
INPATIENT CROSSOVERS	42	306	40,109.59	131.08	.039	954.99	5.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	109	842	16,741.67	19.88	.107	153.59	2.13
MEDICAL	4	7	236.36	33.77	.001	59.09	.03
SURGERY	3	3	157.18	52.39	.000	52.39	.02
PATHOLOGY	12	132	1,408.36	10.67	.017	117.36	.18
RADIOLOGY	6	10	1,154.95	115.50	.001	192.49	.15
ROOM USE	9	14	642.43	45.89	.002	71.38	.08
CROSSOVERS/ALL OTH OUTPTNT	98	676	13,142.39	19.44	.086	134.11	1.67
@COUNTY HOSPITAL TOTAL	2	42	\$ 55,479.00	\$ 1320.93	.005	\$ 27739.50	\$ 7.06
CO HOSPITAL INPATIENT TOTAL	1	41	55,432.00	1352.00	.005	55432.00	7.05
HSC HOSPITALS	1	41	55,432.00	1352.00	.005	55432.00	7.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	47.00	47.00	.000	47.00	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

7,860 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	157	1,471	\$ 433,785.84	\$ 294.89	.187	\$ 2762.97	\$ 55.19
COMM HOSP INPATIENT TOTAL	54	630	417,091.17	662.05	.080	7723.91	53.07
HSC HOSPITALS	4	123	139,639.00	1135.28	.016	34909.75	17.77
NON-HSC HOSPITALS TOTAL	9	201	237,342.58	1180.81	.026	26371.40	30.20
ACCOMMODATIONS	9	201	84,413.20	419.97	.026	9379.24	10.74
ADMINISTRATIVE DAYS	5	129	29,837.70	231.30	.016	5967.54	3.80
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	72	54,575.50	757.99	.009	10915.10	6.94
ANCILLARIES	9	0	152,929.38	.00	.000	16992.15	19.46
INPATIENT CROSSOVERS	42	306	40,109.59	131.08	.039	954.99	5.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	108	841	16,694.67	19.85	.107	154.58	2.12
MEDICAL	4	7	236.36	33.77	.001	59.09	.03
SURGERY	3	3	157.18	52.39	.000	52.39	.02
PATHOLOGY	12	132	1,408.36	10.67	.017	117.36	.18
RADIOLOGY	6	10	1,154.95	115.50	.001	192.49	.15
ROOM USE	9	14	642.43	45.89	.002	71.38	.08
CROSSOVERS/ALL OTH OUTPTNT	97	675	13,095.39	19.40	.086	135.00	1.67
@STATE HOSPITAL	12	365	\$ 160,256.90	\$ 439.06	.046	\$ 13354.74	\$ 20.39
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365	160,256.90	439.06	.046	13354.74	20.39
@NURSING FACILITY	6,505	212,886	\$ 19,185,554.35	\$ 90.12	27.085	\$ 2949.36	\$ 2440.91
LEV A-INTERMEDIATE	441	14,685	656,140.69	44.68	1.868	1487.85	83.48
LEV B-REHAB MD	24	730	69,579.00	95.31	.093	2899.13	8.85
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	14	914	408,423.46	446.85	.116	29173.10	51.96
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,035	196,557	18,051,411.20	91.84	25.007	2991.12	2296.62
@INTERMEDIATE CARE FACIL.-DD	342	10,599	\$ 1,615,420.36	\$ 152.41	1.348	\$ 4723.45	\$ 205.52
ICF DDH	130	4,095	546,760.79	133.52	.521	4205.85	69.56
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	212	6,504	1,068,659.57	164.31	.827	5040.85	135.96
@HEMODIALYSIS TOTAL	40	45	\$ 21,908.77	\$ 486.86	.006	\$ 547.72	\$ 2.79
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	40	45	21,908.77	486.86	.006	547.72	2.79
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	218	\$ 1,767.59	\$ 8.11	.028	\$ 67.98	\$.22
PATHOLOGY	24	151	1,760.52	11.66	.019	73.36	.22
XO AND OTHERS	2	67	7.07	.11	.009	3.54	.00
@ORGANIZED OUTPATIENT CLINIC	47	173	\$ 18,891.15	\$ 109.20	.022	\$ 401.94	\$ 2.40
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	24	73	3,147.94	43.12	.009	131.16	.40
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	23	100	15,743.21	157.43	.013	684.49	2.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,272
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG						

7,860 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,228	29,626	\$ 373,612.27	\$ 12.61	3.769	\$ 304.24	\$ 47.53
DURABLE MED. EQUIP.	289	1,957	160,686.27	82.11	.249	556.01	20.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	9	2,687.31	298.59	.001	447.89	.34
MEDICAL TRANSPORTATION	556	17,981	68,790.28	3.83	2.288	123.72	8.75
AMBULANCES/AIR TRANS	28	592	5,013.78	8.47	.075	179.06	.64
OTHER TRANS	519	17,272	62,975.50	3.65	2.197	121.34	8.01
OTHER SERVICES	14	117	801.00	6.85	.015	57.21	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	29	172.13	5.94	.004	86.07	.02
OPTICIAN	86	175	2,261.33	12.92	.022	26.29	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	18	40	293.43	7.34	.005	16.30	.04
PROSTHETIST/ORTHOTISTS	6	11	511.00	46.45	.001	85.17	.07
PROSTHETICS	6	11	511.00	46.45	.001	85.17	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	18	18	313.97	17.44	.002	17.44	.04
SPEECH AND AUDIOLOGY	281	835	39,746.10	47.60	.106	141.45	5.06
HOSPICE SERVICES	36	937	93,464.48	99.75	.119	2596.24	11.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	82	7,634	4,685.97	.61	.971	57.15	.60
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,819	30,854	\$ 243,924.88	\$ 7.91	3.925	\$ 134.10	\$ 31.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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01/17/03

11,415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,886	347,234	\$ 21,027,890.32	\$ 60.56	30.419	\$ 2127.04	\$ 1842.13
@PHYSICIANS SERVICES	1,102	2,343	\$ 53,127.99	\$ 22.68	.205	\$ 48.21	\$ 4.65
OUTPATIENT VISITS	125	158	5,666.29	35.86	.014	45.33	.50
OFFICE VISITS	112	142	4,835.05	34.05	.012	43.17	.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	12	733.66	61.14	.001	61.14	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	97.58	24.40	.000	24.40	.01
INPATIENT VISITS	19	52	2,232.36	42.93	.005	117.49	.20
HOSPITAL VISITS	11	41	1,886.00	46.00	.004	171.45	.17
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	8	11	346.36	31.49	.001	43.30	.03
OPHTHALMOLOGICAL SERVICES	11	12	450.15	37.51	.001	40.92	.04

EXAMINATIONS	11	12		450.15		37.51	.001	40.92	.04
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	43		3,758.90		87.42	.004	536.99	.33
PRINCIPAL SURGEON	3	3		2,570.31		856.77	.000	856.77	.23
ASSISTANT SURGEON	1	1		297.84		297.84	.000	297.84	.03
ANESTHESIOLOGIST	4	39		890.75		22.84	.003	222.69	.08
OUTPATIENT SURGERY	22	57		7,430.49		130.36	.005	337.75	.65
PRINCIPAL SURGEON	15	15		6,249.61		416.64	.001	416.64	.55
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	9	42		1,180.88		28.12	.004	131.21	.10
DIALYSIS	1	1		225.04		225.04	.000	225.04	.02
PATHOLOGY	14	17		370.07		21.77	.001	26.43	.03
RADIOLOGY	65	113		4,342.14		38.43	.010	66.80	.38
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	16		98.14		6.13	.001	12.27	.01
OTHER SERVICES/ALL X-OVERS	934	1,874		28,554.41		15.24	.164	30.57	2.50
@PHARMACY	7,974	82,177	\$	1,923,978.08	\$	23.41	7.199	\$ 241.28	\$ 168.55
PRESCRIPTION DRUGS	7,932	39,874		1,877,557.38		47.09	3.493	236.71	164.48
SNF/ICF	5,165	28,805		1,272,823.90		44.19	2.523	246.43	111.50
OUTPATIENTS	2,971	11,069		604,733.48		54.63	.970	203.55	52.98
MEDICAL SUPPLIES	603	42,303		46,420.70		1.10	3.706	76.98	4.07
@DENTIST	818	2,209	\$	100,589.95	\$	45.54	.194	\$ 122.97	\$ 8.81
VISITS - DIAGNOSTIC	642	1,488		26,290.20		17.67	.130	40.95	2.30
ORAL SURGERY	58	131		5,676.00		43.33	.011	97.86	.50
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	2		200.00		100.00	.000	200.00	.02
PERIODONTICS	11	14		1,400.00		100.00	.001	127.27	.12
ENDODONTICS	22	36		6,545.00		181.81	.003	297.50	.57
RESTORATIVE DENTISTRY	99	192		18,821.00		98.03	.017	190.11	1.65
PROSTHETICS	5	6		180.00		30.00	.001	36.00	.02
DENTURES, STAYPLATES	131	329		41,402.75		125.84	.029	316.05	3.63
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	10	11		75.00		6.82	.001	7.50	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,274
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED								

						----- MONTHLY AVERAGE -----		
11,415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	164	375	\$ 7,970.64	\$ 21.26	.033	\$ 48.60	\$.70	
DIAGNOSTIC AND ANC. PROCED	45	45	2,080.11	46.22	.004	46.22	.18	
EYE APPLIANCES	109	285	5,059.96	17.75	.025	46.42	.44	
OTHER OPTOMETRIC SERVICES	30	45	830.57	18.46	.004	27.69	.07	
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00	
@PODIATRIST	630	724	\$ 8,024.63	\$ 11.08	.063	\$ 12.74	\$.70	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	630	724	8,024.63	11.08	.063	12.74	.70	
@HOME HEALTH AGENCY	4	32	\$ 2,104.60	\$ 65.77	.003	\$ 526.15	\$.18	
NURSE ANESTHESIST	2	8	\$ 19.18	\$ 2.40	.001	\$ 9.59	\$.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	261	1,665	\$	98,012.28	\$	58.87	.146	\$	375.53	\$	8.59
HOSP INPATIENT TOTAL	56	254		66,108.25		260.27	.022		1180.50		5.79
HSC HOSPITALS	7	30		33,065.00		1102.17	.003		4723.57		2.90
NON-HSC HOSPITAL TOTAL	0	0		21.05CR		.00	.000		.00		.00
ACCOMMODATIONS	0	0		21.05CR		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		21.05CR		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	49	224		33,064.30		147.61	.020		674.78		2.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	209	1,411		31,904.03		22.61	.124		152.65		2.79
MEDICAL	11	14		512.25		36.59	.001		46.57		.04
SURGERY	9	9		950.16		105.57	.001		105.57		.08
PATHOLOGY	15	68		751.60		11.05	.006		50.11		.07
RADIOLOGY	11	21		1,936.48		92.21	.002		176.04		.17
ROOM USE	21	25		1,561.06		62.44	.002		74.34		.14
CROSSOVERS/ALL OTH OUTPTNT	178	1,274		26,192.48		20.56	.112		147.15		2.29
@COUNTY HOSPITAL TOTAL	2	4	\$	101.71	\$	25.43	.000	\$	50.86	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	2	4	101.71	25.43	.000	50.86	.01
MEDICAL	1	1	10.25	10.25	.000	10.25	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	18.48	18.48	.000	18.48	.00
ROOM USE	1	1	25.39	25.39	.000	25.39	.00
CROSSEOVERS/ALL OTH OUTPTNT	1	1	47.59	47.59	.000	47.59	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,275
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	11,415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	259	1,661	\$	97,910.57	\$ 58.95	.146	\$ 378.03	\$ 8.58
COMM HOSP INPATIENT TOTAL	56	254		66,108.25	260.27	.022	1180.50	5.79
HSC HOSPITALS	7	30		33,065.00	1102.17	.003	4723.57	2.90
NON-HSC HOSPITALS TOTAL	0	0		21.05CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0		21.05CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		21.05CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	49	224		33,064.30	147.61	.020	674.78	2.90
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	207	1,407		31,802.32	22.60	.123	153.63	2.79
MEDICAL	10	13		502.00	38.62	.001	50.20	.04
SURGERY	9	9		950.16	105.57	.001	105.57	.08
PATHOLOGY	15	68		751.60	11.05	.006	50.11	.07
RADIOLOGY	10	20		1,918.00	95.90	.002	191.80	.17
ROOM USE	20	24		1,535.67	63.99	.002	76.78	.13
CROSSEOVERS/ALL OTH OUTPTNT	177	1,273		26,144.89	20.54	.112	147.71	2.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6,266	203,942	\$	18,347,893.35	\$ 89.97	17.866	\$ 2928.17	\$ 1607.35
LEV A-INTERMEDIATE	406	13,414		607,900.64	45.32	1.175	1497.29	53.25
LEV B-REHAB MD	25	735		70,183.65	95.49	.064	2807.35	6.15
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	722		322,382.94	446.51	.063	29307.54	28.24
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5,835	189,071		17,347,426.12	91.75	16.563	2973.00	1519.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	56	267	\$	45,932.00	\$ 172.03	.023	\$ 820.21	\$ 4.02
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	56	267		45,932.00	172.03	.023	820.21	4.02
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	80	386	\$	3,513.27	\$ 9.10	.034	\$ 43.92	\$.31
PATHOLOGY	78	319		3,509.96	11.00	.028	45.00	.31
XO AND OTHERS	2	67		3.31	.05	.006	1.66	.00
@ORGANIZED OUTPATIENT CLINIC	136	219	\$	26,035.51	\$ 118.88	.019	\$ 191.44	\$ 2.28
CLINIC	7	15		376.32	25.09	.001	53.76	.03

SURGICENTER	12	33	2,469.51	74.83	.003	205.79	.22
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	117	171	23,189.68	135.61	.015	198.20	2.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,276
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
11,415 ELIGIBLES							
@ALL OTHER PROVIDERS	1,257	52,886	\$ 410,672.12	\$ 7.77	4.633	\$ 326.71	\$ 35.98
DURABLE MED. EQUIP.	195	1,441	81,534.93	56.58	.126	418.13	7.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	19	5,916.21	311.38	.002	591.62	.52
MEDICAL TRANSPORTATION	548	18,304	70,645.71	3.86	1.604	128.92	6.19
AMBULANCES/AIR TRANS	20	103	2,266.98	22.01	.009	113.35	.20
OTHER TRANS	505	17,986	66,413.89	3.69	1.576	131.51	5.82
OTHER SERVICES	28	215	1,964.84	9.14	.019	70.17	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	116	1,684	111,788.87	66.38	.148	963.70	9.79
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	7	32	2,826.06	88.31	.003	403.72	.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	138	301	3,731.38	12.40	.026	27.04	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	18	39	218.07	5.59	.003	12.12	.02
PROSTHETIST/ORTHOTISTS	5	7	246.07	35.15	.001	49.21	.02
PROSTHETICS	5	7	246.07	35.15	.001	49.21	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	14	14	255.97	18.28	.001	18.28	.02
SPEECH AND AUDIOLOGY	75	111	16,717.40	150.61	.010	222.90	1.46
HOSPICE SERVICES	38	1,021	102,544.04	100.43	.089	2698.53	8.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	173	29,913	14,247.41	.48	2.620	82.35	1.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,139	17,075	\$ 278,730.84	\$ 16.32	1.496	\$ 130.31	\$ 24.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,277
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
39 ELIGIBLES							
@TOTAL, ALL PROVIDERS	46	2,250	\$ 132,757.13	\$ 59.00	57.692	\$ 2886.02	\$ 3404.03
@PHYSICIANS SERVICES	6	12	\$ 342.71	\$ 28.56	.308	\$ 57.12	\$ 8.79
OUTPATIENT VISITS	2	2	149.75	74.88	.051	74.88	3.84
OFFICE VISITS	1	1	81.40	81.40	.026	81.40	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.026	68.35	1.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	10		192.96		19.30	.256	48.24	4.95
@PHARMACY	38	1,227	\$	13,851.89	\$	11.29	31.462	\$ 364.52	\$ 355.18
PRESCRIPTION DRUGS	38	213		13,253.63		62.22	5.462	348.78	339.84
SNF/ICF	20	63		1,945.61		30.88	1.615	97.28	49.89
OUTPATIENTS	20	150		11,308.02		75.39	3.846	565.40	289.95
MEDICAL SUPPLIES	4	1,014		598.26		.59	26.000	149.57	15.34
@DENTIST	4	21	\$	120.00	\$	5.71	.538	\$ 30.00	\$ 3.08
VISITS - DIAGNOSTIC	3	5		75.00		15.00	.128	25.00	1.92
ORAL SURGERY	3	3		45.00		15.00	.077	15.00	1.15
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	11		.00		.00	.282	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	2		.00		.00	.051	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
PLACER COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND								
----- MONTHLY AVERAGE -----									
39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		.00
VISITS	0	0	.00	.00	.000	.00	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		.00
@PODIATRIST	1	1	\$ 5.80	\$ 5.80	.026	\$ 5.80	\$.15		

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	1	1		5.80		5.80	.026	5.80	.15
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	37	\$	1,848.78	\$	49.97	.949	\$ 616.26	\$ 47.40
HOSP INPATIENT TOTAL	2	24		1,624.00		67.67	.615	812.00	41.64
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24		1,624.00		67.67	.615	812.00	41.64
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	13		224.78		17.29	.333	112.39	5.76
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	13		224.78		17.29	.333	112.39	5.76
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,279
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	37	\$	1,848.78	\$ 49.97	.949	\$ 616.26	\$ 47.40
COMM HOSP INPATIENT TOTAL	2	24		1,624.00	67.67	.615	812.00	41.64
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24	1,624.00	67.67	.615	812.00	41.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	13	224.78	17.29	.333	112.39	5.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	13	224.78	17.29	.333	112.39	5.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	19	506	\$ 49,441.64	\$ 97.71	12.974	\$ 2602.19	\$ 1267.73
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	506	49,441.64	97.71	12.974	2602.19	1267.73
@INTERMEDIATE CARE FACIL.-DD	12	359	\$ 58,938.76	\$ 164.17	9.205	\$ 4911.56	\$ 1511.25
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	359	58,938.76	164.17	9.205	4911.56	1511.25
@HEMODIALYSIS TOTAL	4	36	\$ 6,486.27	\$ 180.17	.923	\$ 1621.57	\$ 166.31
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	36	6,486.27	180.17	.923	1621.57	166.31
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	483.77	\$	161.26	.077	\$ 241.89	\$ 12.40
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	2	3		.00		.00	.077	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		483.77		.00	.000	.00	12.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,280	
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03	
PLACER COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND								

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	48	\$ 1,237.51	\$ 25.78	1.231	\$ 112.50	\$ 31.73
DURABLE MED. EQUIP.	6	29	388.00	13.38	.744	64.67	9.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	19	849.51	44.71	.487	121.36	21.78
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	14	28	\$ 4,776.44	\$ 170.59	.718	\$ 341.17	\$ 122.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,281	
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03	
PLACER COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED								

5,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,921	171,409	\$ 8,530,408.88	\$ 49.77	30.862	\$ 1733.47	\$ 1535.90
@PHYSICIANS SERVICES	1,352	9,995	\$ 310,526.80	\$ 31.07	1.800	\$ 229.68	\$ 55.91

OUTPATIENT VISITS	475	745	29,617.84	39.76	.134	62.35	5.33
OFFICE VISITS	340	522	16,985.51	32.54	.094	49.96	3.06
HOME VISITS	14	22	754.60	34.30	.004	53.90	.14
EMERGENCY ROOM	133	159	10,641.44	66.93	.029	80.01	1.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	38	42	1,236.29	29.44	.008	32.53	.22
INPATIENT VISITS	193	1,464	64,251.14	43.89	.264	332.91	11.57
HOSPITAL VISITS	159	1,281	48,977.55	38.23	.231	308.03	8.82
CRITICAL CARE	24	121	13,057.78	107.92	.022	544.07	2.35
SNF/ICF/TRANS IP CARE	41	62	2,215.81	35.74	.011	54.04	.40
OPHTHALMOLOGICAL SERVICES	10	12	482.69	40.22	.002	48.27	.09
EXAMINATIONS	10	12	482.69	40.22	.002	48.27	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	116	734	77,335.85	105.36	.132	666.69	13.92
PRINCIPAL SURGEON	86	180	61,008.36	338.94	.032	709.40	10.98
ASSISTANT SURGEON	16	18	3,869.39	214.97	.003	241.84	.70
ANESTHESIOLOGIST	49	536	12,458.10	23.24	.097	254.25	2.24
OUTPATIENT SURGERY	85	238	19,984.41	83.97	.043	235.11	3.60
PRINCIPAL SURGEON	69	88	16,069.17	182.60	.016	232.89	2.89
ASSISTANT SURGEON	2	2	301.57	150.79	.000	150.79	.05
ANESTHESIOLOGIST	23	148	3,613.67	24.42	.027	157.12	.65
DIALYSIS	11	73	2,950.72	40.42	.013	268.25	.53
PATHOLOGY	85	266	7,063.41	26.55	.048	83.10	1.27
RADIOLOGY	290	1,184	57,374.60	48.46	.213	197.84	10.33
PSYCHIATRY	8	8	277.64	34.71	.001	34.71	.05
IMMUNIZATION AND INJECTION	39	559	8,560.06	15.31	.101	219.49	1.54
OTHER SERVICES/ALL X-OVERS	740	4,712	42,628.44	9.05	.848	57.61	7.68
@PHARMACY	3,885	66,602	\$ 1,695,898.33	\$ 25.46	11.992	\$ 436.52	\$ 305.35
PRESCRIPTION DRUGS	3,835	19,565	1,650,839.31	84.38	3.523	430.47	297.23
SNF/ICF	685	5,207	320,890.68	61.63	.938	468.45	57.78
OUTPATIENTS	3,184	14,358	1,329,948.63	92.63	2.585	417.70	239.46
MEDICAL SUPPLIES	336	47,037	45,059.02	.96	8.469	134.10	8.11
@DENTIST	475	2,019	\$ 97,630.95	\$ 48.36	.364	\$ 205.54	\$ 17.58
VISITS - DIAGNOSTIC	336	1,174	17,177.20	14.63	.211	51.12	3.09
ORAL SURGERY	66	215	9,632.50	44.80	.039	145.95	1.73
DRUGS	6	6	90.00	15.00	.001	15.00	.02
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.04
PERIODONTICS	28	46	7,645.00	166.20	.008	273.04	1.38
ENDODONTICS	32	49	11,044.00	225.39	.009	345.13	1.99
RESTORATIVE DENTISTRY	159	386	36,430.25	94.38	.069	229.12	6.56
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.01
DENTURES, STAYPLATES	41	120	15,307.00	127.56	.022	373.34	2.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	19	75.00	3.95	.003	6.25	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED						
----- MONTHLY AVERAGE -----							
5,554 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	122	325	\$ 7,015.10	\$ 21.58	.059	\$ 57.50	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	44	44	2,016.35	45.83	.008	45.83	.36

EYE APPLIANCES	89	243		4,247.84		17.48	.044	47.73	.76
OTHER OPTOMETRIC SERVICES	25	38		750.91		19.76	.007	30.04	.14
@CHIROPRACTOR	23	39	\$	616.81	\$	15.82	.007	\$ 26.82	\$.11
VISITS	20	34		568.48		16.72	.006	28.42	.10
OTHER SERVICES	3	5		48.33		9.67	.001	16.11	.01
@PODIATRIST	94	192	\$	2,169.78	\$	11.30	.035	\$ 23.08	\$.39
MEDICINE/INJECTIONS	7	9		217.00		24.11	.002	31.00	.04
SURGERY/ANES.	1	1		33.51		33.51	.000	33.51	.01
RADIO./PATHOLOGY	1	1		17.30		17.30	.000	17.30	.00
OTHER	87	181		1,901.97		10.51	.033	21.86	.34
@HOME HEALTH AGENCY	67	10,648	\$	328,280.49	\$	30.83	1.917	\$ 4899.71	\$ 59.11
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	602	5,455	\$	2,115,520.33	\$	387.81	.982	\$ 3514.15	\$ 380.90
HOSP INPATIENT TOTAL	152	1,857		2,013,168.43		1084.10	.334	13244.53	362.47
HSC HOSPITALS	75	971		1,090,345.32		1122.91	.175	14537.94	196.32
NON-HSC HOSPITAL TOTAL	52	613		888,784.18		1449.89	.110	17092.00	160.03
ACCOMMODATIONS	52	613		311,379.03		507.96	.110	5988.06	56.06
ADMINISTRATIVE DAYS	19	267		60,098.90		225.09	.048	3163.10	10.82
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	37	346		251,280.13		726.24	.062	6791.35	45.24
ANCILLARIES	52	0		577,405.15		.00	.000	11103.95	103.96
INPATIENT CROSSOVERS	36	273		34,038.93		124.68	.049	945.53	6.13
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	488	3,598		102,351.90		28.45	.648	209.74	18.43
MEDICAL	70	101		4,162.75		41.22	.018	59.47	.75
SURGERY	40	44		2,059.68		46.81	.008	51.49	.37
PATHOLOGY	170	1,176		11,479.54		9.76	.212	67.53	2.07
RADIOLOGY	99	188		20,625.45		109.71	.034	208.34	3.71
ROOM USE	185	272		10,902.47		40.08	.049	58.93	1.96
CROSSOVERS/ALL OTH OUTPTNT	313	1,817		53,122.01		29.24	.327	169.72	9.56
@COUNTY HOSPITAL TOTAL	6	144	\$	150,385.35	\$	1044.34	.026	\$ 25064.23	\$ 27.08
CO HOSPITAL INPATIENT TOTAL	3	130		149,616.00		1150.89	.023	49872.00	26.94
HSC HOSPITALS	3	130		149,616.00		1150.89	.023	49872.00	26.94
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	14		769.35		54.95	.003	256.45	.14
MEDICAL	3	3		93.34		31.11	.001	31.11	.02
SURGERY	1	2		400.76		200.38	.000	400.76	.07
PATHOLOGY	0	0		9.66		.00	.000	.00	.00
RADIOLOGY	0	0		8.70		.00	.000	.00	.00
ROOM USE	3	5		229.36		45.87	.001	76.45	.04
CROSSOVERS/ALL OTH OUTPTNT	1	4		27.53		6.88	.001	27.53	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,283
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

5,554 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	596	5,311	\$	1,965,134.98	\$ 370.01	.956	\$ 3297.21	\$ 353.82
COMM HOSP INPATIENT TOTAL	149	1,727		1,863,552.43	1079.07	.311	12507.06	335.53
HSC HOSPITALS	72	841		940,729.32	1118.58	.151	13065.69	169.38
NON-HSC HOSPITALS TOTAL	52	613		888,784.18	1449.89	.110	17092.00	160.03
ACCOMMODATIONS	52	613		311,379.03	507.96	.110	5988.06	56.06
ADMINISTRATIVE DAYS	19	267		60,098.90	225.09	.048	3163.10	10.82
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	346		251,280.13	726.24	.062	6791.35	45.24
ANCILLARIES	52	0		577,405.15	.00	.000	11103.95	103.96
INPATIENT CROSSOVERS	36	273		34,038.93	124.68	.049	945.53	6.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	485	3,584		101,582.55	28.34	.645	209.45	18.29
MEDICAL	67	98		4,069.41	41.52	.018	60.74	.73
SURGERY	39	42		1,658.92	39.50	.008	42.54	.30
PATHOLOGY	170	1,176		11,469.88	9.75	.212	67.47	2.07
RADIOLOGY	99	188		20,616.75	109.66	.034	208.25	3.71
ROOM USE	182	267		10,673.11	39.97	.048	58.64	1.92
CROSSOVERS/ALL OTH OUTPTNT	312	1,813		53,094.48	29.29	.326	170.17	9.56
@STATE HOSPITAL	12	365	\$	160,256.90	\$ 439.06	.066	\$ 13354.74	\$ 28.85
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365		160,256.90	439.06	.066	13354.74	28.85
@NURSING FACILITY	499	15,805	\$	1,750,464.67	\$ 110.75	2.846	\$ 3507.95	\$ 315.17
LEV A-INTERMEDIATE	60	2,092		115,089.23	55.01	.377	1918.15	20.72
LEV B-REHAB MD	3	79		9,553.47	120.93	.014	3184.49	1.72
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	484		239,257.59	494.33	.087	21750.69	43.08
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	429	13,150		1,386,564.38	105.44	2.368	3232.08	249.65
@INTERMEDIATE CARE FACIL.-DD	332	10,271	\$	1,561,096.17	\$ 151.99	1.849	\$ 4702.10	\$ 281.08
ICF DDH	132	4,126		551,375.36	133.63	.743	4177.09	99.28
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	200	6,145		1,009,720.81	164.32	1.106	5048.60	181.80
@HEMODIALYSIS TOTAL	78	502	\$	61,505.38	\$ 122.52	.090	\$ 788.53	\$ 11.07
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	78	502		61,505.38	122.52	.090	788.53	11.07
@REHABILITATION FACILITY	3	9	\$	488.26	\$ 54.25	.002	\$ 162.75	\$.09
HOSPITAL BASED	3	9		488.26	54.25	.002	162.75	.09
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	242	1,161	\$	15,381.82	\$ 13.25	.209	\$ 63.56	\$ 2.77
PATHOLOGY	239	1,158		15,370.59	13.27	.208	64.31	2.77
XO AND OTHERS	3	3		11.23	3.74	.001	3.74	.00
@ORGANIZED OUTPATIENT CLINIC	343	722	\$	109,489.24	\$ 151.65	.130	\$ 319.21	\$ 19.71
CLINIC	25	50		1,167.61	23.35	.009	46.70	.21
SURGICENTER	21	74		2,947.75	39.83	.013	140.37	.53
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	300	598		105,373.88	176.21	.108	351.25	18.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,284
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PLACER COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

					----- MONTHLY AVERAGE -----		
5,554 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	921	47,299	\$ 314,067.85	\$ 6.64	8.516	\$ 341.01	\$ 56.55
DURABLE MED. EQUIP.	176	835	141,477.60	169.43	.150	803.85	25.47
BLOOD BANK	2	20	306.00	15.30	.004	153.00	.06

HEARING AID DISPENSERS	2	4	2,646.51	661.63	.001	1323.26	.48
MEDICAL TRANSPORTATION	190	11,271	49,964.61	4.43	2.029	262.97	9.00
AMBULANCES/AIR TRANS	61	1,289	15,280.57	11.85	.232	250.50	2.75
OTHER TRANS	130	9,892	32,603.05	3.30	1.781	250.79	5.87
OTHER SERVICES	5	90	2,080.99	23.12	.016	416.20	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	31	460	30,734.26	66.81	.083	991.43	5.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	33	138	10,478.01	75.93	.025	317.52	1.89
OCCUPATIONAL THERAPIST	2	29	172.13	5.94	.005	86.07	.03
OPTICIAN	110	255	3,341.58	13.10	.046	30.38	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	84.45	21.11	.001	42.23	.02
PROSTHETIST/ORTHOTISTS	21	58	7,135.40	123.02	.010	339.78	1.28
PROSTHETICS	19	55	6,999.30	127.26	.010	368.38	1.26
ORTHOTICS	2	3	136.10	45.37	.001	68.05	.02
PSYCHOLOGIST	4	4	58.00	14.50	.001	14.50	.01
SPEECH AND AUDIOLOGY	232	762	30,518.16	40.05	.137	131.54	5.49
HOSPICE SERVICES	6	30	3,465.78	115.53	.005	577.63	.62
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	1,885	13,184.55	6.99	.339	239.72	2.37
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	216	31,544	20,500.81	.65	5.680	94.91	3.69
@CALIF. CHILDREN SERVICES*	40	1,309	\$ 59,157.74	\$ 45.19	.236	\$ 1478.94	\$ 10.65
@XOVER EXCLUDING STATE HOSP**	921	27,037	\$ 180,914.34	\$ 6.69	4.868	\$ 196.43	\$ 32.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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PLACER COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

58,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,815	140,851	\$ 7,565,336.26	\$ 53.71	2.401	\$ 304.87	\$ 128.94
@PHYSICIANS SERVICES	11,887	28,219	\$ 1,286,260.92	\$ 45.58	.481	\$ 108.21	\$ 21.92
OUTPATIENT VISITS	9,546	13,227	478,931.95	36.21	.225	50.17	8.16
OFFICE VISITS	6,884	8,965	279,752.78	31.20	.153	40.64	4.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,185	2,515	113,102.20	44.97	.043	51.76	1.93
PREVENTIVE CARE	8	8	333.18	41.65	.000	41.65	.01
OB VISITS/COMPRE PERI	546	939	67,204.37	71.57	.016	123.08	1.15
OTHER OUTPATIENT	704	800	18,539.42	23.17	.014	26.33	.32
INPATIENT VISITS	425	1,335	77,859.20	58.32	.023	183.20	1.33
HOSPITAL VISITS	410	1,151	53,939.75	46.86	.020	131.56	.92
CRITICAL CARE	35	184	23,919.45	130.00	.003	683.41	.41
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	38	40	1,571.58	39.29	.001	41.36	.03
EXAMINATIONS	30	32	1,514.84	47.34	.001	50.49	.03
SERVICES AND MATERIALS	8	8	56.74	7.09	.000	7.09	.00
INPATIENT HOSPITAL SURGERY	479	2,360	284,269.88	120.45	.040	593.47	4.85
PRINCIPAL SURGEON	324	409	229,489.54	561.10	.007	708.30	3.91
ASSISTANT SURGEON	60	61	10,459.21	171.46	.001	174.32	.18
ANESTHESIOLOGIST	191	1,890	44,321.13	23.45	.032	232.05	.76
OUTPATIENT SURGERY	952	2,096	153,967.48	73.46	.036	161.73	2.62
PRINCIPAL SURGEON	799	980	123,556.82	126.08	.017	154.64	2.11
ASSISTANT SURGEON	14	14	1,429.85	102.13	.000	102.13	.02
ANESTHESIOLOGIST	215	1,102	28,980.81	26.30	.019	134.79	.49
DIALYSIS	4	11	856.34	77.85	.000	214.09	.01
PATHOLOGY	1,296	1,736	26,248.81	15.12	.030	20.25	.45
RADIOLOGY	2,185	3,609	157,268.49	43.58	.062	71.98	2.68
PSYCHIATRY	119	141	4,815.78	34.15	.002	40.47	.08
IMMUNIZATION AND INJECTION	357	975	39,806.96	40.83	.017	111.50	.68
OTHER SERVICES/ALL X-OVERS	965	2,689	60,664.45	22.56	.046	62.86	1.03
@PHARMACY	11,837	29,948	\$ 2,051,506.07	\$ 68.50	.510	\$ 173.31	\$ 34.97
PRESCRIPTION DRUGS	11,759	25,860	1,570,775.21	60.74	.441	133.58	26.77
SNF/ICF	12	87	3,584.29	41.20	.001	298.69	.06
OUTPATIENTS	11,752	25,773	1,567,190.92	60.81	.439	133.36	26.71
MEDICAL SUPPLIES	294	4,088	480,730.86	117.60	.070	1635.14	8.19
@DENTIST	3,630	15,694	\$ 570,151.84	\$ 36.33	.267	\$ 157.07	\$ 9.72
VISITS - DIAGNOSTIC	2,518	10,058	154,430.48	15.35	.171	61.33	2.63
ORAL SURGERY	410	749	38,939.00	51.99	.013	94.97	.66
DRUGS	150	162	3,743.75	23.11	.003	24.96	.06
ANESTHESIA	17	17	1,500.00	88.24	.000	88.24	.03
PERIODONTICS	79	89	12,035.00	135.22	.002	152.34	.21
ENDODONTICS	301	513	81,602.24	159.07	.009	271.10	1.39
RESTORATIVE DENTISTRY	1,396	3,565	239,216.45	67.10	.061	171.36	4.08
PROSTHETICS	21	22	560.00	25.45	.000	26.67	.01
DENTURES, STAYPLATES	46	136	12,892.00	94.79	.002	280.26	.22
SPACE MAINTAINERS	26	31	4,500.93	145.19	.001	173.11	.08
MAXILLOFACIAL SERVICES	10	10	450.00	45.00	.000	45.00	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	154	224	19,916.99	88.92	.004	129.33	.34
ALL OTHER SERVICES	40	117	225.00	1.92	.002	5.63	.00

PLACER COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

58,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	752	2,084	\$ 49,623.24	\$ 23.81	.036	\$ 65.99	\$.85
DIAGNOSTIC AND ANC. PROCED	573	579	26,804.95	46.30	.010	46.78	.46
EYE APPLIANCES	520	1,472	21,977.59	14.93	.025	42.26	.37
OTHER OPTOMETRIC SERVICES	22	33	840.70	25.48	.001	38.21	.01
@CHIROPRACTOR	114	170	\$ 2,838.22	\$ 16.70	.003	\$ 24.90	\$.05
VISITS	114	170	2,838.22	16.70	.003	24.90	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	49	94	\$ 3,268.07	\$ 34.77	.002	\$ 66.70	\$.06
MEDICINE/INJECTIONS	39	52	1,510.96	29.06	.001	38.74	.03
SURGERY/ANES.	12	15	741.26	49.42	.000	61.77	.01
RADIO./PATHOLOGY	7	7	115.91	16.56	.000	16.56	.00
OTHER	12	20	899.94	45.00	.000	75.00	.02
@HOME HEALTH AGENCY	66	7,427	\$ 225,128.17	\$ 30.31	.127	\$ 3411.03	\$ 3.84
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	8	24	\$ 1,594.73	\$ 66.45	.000	\$ 199.34	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	\$ 40.32	\$ 20.16	.000	\$ 40.32	\$.00
@TOTAL HOSPITAL	4,415	18,290	\$ 2,491,100.45	\$ 136.20	.312	\$ 564.24	\$ 42.46
HOSP INPATIENT TOTAL	441	1,634	2,067,698.37	1265.42	.028	4688.66	35.24
HSC HOSPITALS	285	1,000	1,147,467.76	1147.47	.017	4026.20	19.56
NON-HSC HOSPITAL TOTAL	155	623	917,131.81	1472.12	.011	5916.98	15.63
ACCOMMODATIONS	155	623	356,558.67	572.33	.011	2300.38	6.08
ADMINISTRATIVE DAYS	3	15	3,118.06	207.87	.000	1039.35	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	153	608	353,440.61	581.32	.010	2310.07	6.02
ANCILLARIES	155	0	560,573.14	.00	.000	3616.60	9.55
INPATIENT CROSSOVERS	3	11	2,227.80	202.53	.000	742.60	.04
ALL OTHER INPATIENT	1	0	871.00	.00	.000	871.00	.01
HOSP OUTPATIENT TOTAL	4,119	16,656	423,402.08	25.42	.284	102.79	7.22
MEDICAL	573	819	26,040.43	31.80	.014	45.45	.44
SURGERY	457	520	19,766.74	38.01	.009	43.25	.34
PATHOLOGY	1,469	5,763	59,475.79	10.32	.098	40.49	1.01
RADIOLOGY	1,117	1,556	99,419.22	63.89	.027	89.01	1.69
ROOM USE	3,149	3,981	157,094.88	39.46	.068	49.89	2.68
CROSSOVERS/ALL OTH OUTPTNT	1,659	4,017	61,605.02	15.34	.068	37.13	1.05
@COUNTY HOSPITAL TOTAL	17	92	\$ 4,624.34	\$ 50.26	.002	\$ 272.02	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	92	4,624.34	50.26	.002	272.02	.08
MEDICAL	7	9	320.17	35.57	.000	45.74	.01
SURGERY	5	10	228.35	22.84	.000	45.67	.00
PATHOLOGY	9	28	733.26	26.19	.000	81.47	.01
RADIOLOGY	4	10	1,988.88	198.89	.000	497.22	.03
ROOM USE	9	20	885.66	44.28	.000	98.41	.02

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
58,672 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	4,400	18,198	\$ 2,486,476.11	\$ 136.63	.310	\$ 565.11	\$ 42.38
COMM HOSP INPATIENT TOTAL	441	1,634	2,067,698.37	1265.42	.028	4688.66	35.24
HSC HOSPITALS	285	1,000	1,147,467.76	1147.47	.017	4026.20	19.56
NON-HSC HOSPITALS TOTAL	155	623	917,131.81	1472.12	.011	5916.98	15.63
ACCOMMODATIONS	155	623	356,558.67	572.33	.011	2300.38	6.08
ADMINISTRATIVE DAYS	3	15	3,118.06	207.87	.000	1039.35	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	153	608	353,440.61	581.32	.010	2310.07	6.02
ANCILLARIES	155	0	560,573.14	.00	.000	3616.60	9.55
INPATIENT CROSSTOVERS	3	11	2,227.80	202.53	.000	742.60	.04
ALL OTHER INPATIENT	1	0	871.00	.00	.000	871.00	.01
COMM HOSP OUTPATIENT TOTAL	4,104	16,564	418,777.74	25.28	.282	102.04	7.14
MEDICAL	566	810	25,720.26	31.75	.014	45.44	.44
SURGERY	452	510	19,538.39	38.31	.009	43.23	.33
PATHOLOGY	1,461	5,735	58,742.53	10.24	.098	40.21	1.00
RADIOLOGY	1,113	1,546	97,430.34	63.02	.026	87.54	1.66
ROOM USE	3,141	3,961	156,209.22	39.44	.068	49.73	2.66
CROSSTOVERS/ALL OTH OUTPTNT	1,651	4,002	61,137.00	15.28	.068	37.03	1.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	120	\$ 11,099.23	\$ 92.49	.002	\$ 2219.85	\$.19
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	120	11,099.23	92.49	.002	2219.85	.19
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	137	\$ 2,177.35	\$ 15.89	.002	\$ 2177.35	\$.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	137	2,177.35	15.89	.002	2177.35	.04
@REHABILITATION FACILITY	8	20	\$ 1,114.69	\$ 55.73	.000	\$ 139.34	\$.02
HOSPITAL BASED	8	20	1,114.69	55.73	.000	139.34	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,411	7,214	\$ 102,786.28	\$ 14.25	.123	\$ 42.63	\$ 1.75
PATHOLOGY	2,411	7,214	102,786.28	14.25	.123	42.63	1.75
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,452	5,327	\$ 599,417.67	\$ 112.52	.091	\$ 244.46	\$ 10.22
CLINIC	679	2,359	67,497.17	28.61	.040	99.41	1.15
SURGICENTER	69	452	14,262.64	31.55	.008	206.70	.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,723	2,516	517,657.86	205.75	.043	300.44	8.82
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PLACER COUNTY	SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES						

58,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,942	26,081	\$ 167,229.01	\$ 6.41	.445	\$ 86.11	\$ 2.85
DURABLE MED. EQUIP.	141	318	17,810.84	56.01	.005	126.32	.30
BLOOD BANK	0	0	38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	184	3,170	44,151.95	13.93	.054	239.96	.75
AMBULANCES/AIR TRANS	174	2,235	34,738.35	15.54	.038	199.65	.59
OTHER TRANS	9	912	1,757.51	1.93	.016	195.28	.03
OTHER SERVICES	5	23	7,656.09	332.87	.000	1531.22	.13
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	7	70	4,657.80	66.54	.001	665.40	.08
GENETIC DISEASE TESTING	151	152	13,005.00	85.56	.003	86.13	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	2	6	918.90	153.15	.000	459.45	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	563	1,237	11,793.69	9.53	.021	20.95	.20
PHYSICAL THERAPIST	28	368	4,481.91	12.18	.006	160.07	.08
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	52	76	6,520.20	85.79	.001	125.39	.11
PROSTHETICS	50	74	6,380.56	86.22	.001	127.61	.11
ORTHOTICS	2	2	139.64	69.82	.000	69.82	.00
PSYCHOLOGIST	1	5	69.80	13.96	.000	69.80	.00
SPEECH AND AUDIOLOGY	75	144	25,550.35	177.43	.002	340.67	.44
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	749	2,738	25,737.19	9.40	.047	34.36	.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	17,794	11,442.90	.64	.303	286.07	.20
@CALIF. CHILDREN SERVICES*	299	6,303	\$ 946,165.84	\$ 150.11	.107	\$ 3164.43	\$ 16.13
@XOVER EXCLUDING STATE HOSP**	82	531	\$ 8,963.02	\$ 16.88	.009	\$ 109.31	\$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,289
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

75,680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39,668	661,744	\$ 37,256,392.59	\$ 56.30	8.744	\$ 939.21	\$ 492.29
@PHYSICIANS SERVICES	14,347	40,569	\$ 1,650,258.42	\$ 40.68	.536	\$ 115.02	\$ 21.81
OUTPATIENT VISITS	10,148	14,132	514,365.83	36.40	.187	50.69	6.80
OFFICE VISITS	7,337	9,630	301,654.74	31.32	.127	41.11	3.99
HOME VISITS	14	22	754.60	34.30	.000	53.90	.01
EMERGENCY ROOM	2,331	2,687	124,545.65	46.35	.036	53.43	1.65
PREVENTIVE CARE	8	8	333.18	41.65	.000	41.65	.00
OB VISITS/COMPRE PERI	546	939	67,204.37	71.57	.012	123.08	.89
OTHER OUTPATIENT	746	846	19,873.29	23.49	.011	26.64	.26
INPATIENT VISITS	637	2,851	144,342.70	50.63	.038	226.60	1.91
HOSPITAL VISITS	580	2,473	104,803.30	42.38	.033	180.70	1.38
CRITICAL CARE	59	305	36,977.23	121.24	.004	626.73	.49
SNF/ICF/TRANS IP CARE	49	73	2,562.17	35.10	.001	52.29	.03
OPHTHALMOLOGICAL SERVICES	59	64	2,504.42	39.13	.001	42.45	.03

EXAMINATIONS	51	56	2,447.68	43.71	.001	47.99	.03
SERVICES AND MATERIALS	8	8	56.74	7.09	.000	7.09	.00
INPATIENT HOSPITAL SURGERY	602	3,137	365,364.63	116.47	.041	606.92	4.83
PRINCIPAL SURGEON	413	592	293,068.21	495.05	.008	709.61	3.87
ASSISTANT SURGEON	77	80	14,626.44	182.83	.001	189.95	.19
ANESTHESIOLOGIST	244	2,465	57,669.98	23.40	.033	236.35	.76
OUTPATIENT SURGERY	1,059	2,391	181,382.38	75.86	.032	171.28	2.40
PRINCIPAL SURGEON	883	1,083	145,875.60	134.70	.014	165.20	1.93
ASSISTANT SURGEON	16	16	1,731.42	108.21	.000	108.21	.02
ANESTHESIOLOGIST	247	1,292	33,775.36	26.14	.017	136.74	.45
DIALYSIS	16	85	4,032.10	47.44	.001	252.01	.05
PATHOLOGY	1,395	2,019	33,682.29	16.68	.027	24.15	.45
RADIOLOGY	2,540	4,906	218,985.23	44.64	.065	86.21	2.89
PSYCHIATRY	127	149	5,093.42	34.18	.002	40.11	.07
IMMUNIZATION AND INJECTION	404	1,550	48,465.16	31.27	.020	119.96	.64
OTHER SERVICES/ALL X-OVERS	2,643	9,285	132,040.26	14.22	.123	49.96	1.74
@PHARMACY	23,734	179,954	\$ 5,685,234.37	\$ 31.59	2.378	\$ 239.54	\$ 75.12
PRESCRIPTION DRUGS	23,564	85,512	5,112,425.53	59.79	1.130	216.96	67.55
SNF/ICF	5,882	34,162	1,599,244.48	46.81	.451	271.89	21.13
OUTPATIENTS	17,927	51,350	3,513,181.05	68.42	.679	195.97	46.42
MEDICAL SUPPLIES	1,237	94,442	572,808.84	6.07	1.248	463.06	7.57
@DENTIST	4,927	19,943	\$ 768,492.74	\$ 38.53	.264	\$ 155.98	\$ 10.15
VISITS - DIAGNOSTIC	3,499	12,725	197,972.88	15.56	.168	56.58	2.62
ORAL SURGERY	537	1,098	54,292.50	49.45	.015	101.10	.72
DRUGS	156	168	3,833.75	22.82	.002	24.58	.05
ANESTHESIA	20	21	1,900.00	90.48	.000	95.00	.03
PERIODONTICS	118	149	21,080.00	141.48	.002	178.64	.28
ENDODONTICS	355	598	99,191.24	165.87	.008	279.41	1.31
RESTORATIVE DENTISTRY	1,656	4,154	294,467.70	70.89	.055	177.82	3.89
PROSTHETICS	28	30	770.00	25.67	.000	27.50	.01
DENTURES, STAYPLATES	218	585	69,601.75	118.98	.008	319.27	.92
SPACE MAINTAINERS	26	31	4,500.93	145.19	.000	173.11	.06

MAXILLOFACIAL SERVICES	10	10	450.00	45.00	.000	45.00	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	154	224	19,916.99	88.92	.003	129.33	.26
ALL OTHER SERVICES	63	149	375.00	2.52	.002	5.95	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

PAGE 9,290
01/17/03

75,680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,038	2,784	\$ 64,608.98	\$ 23.21	.037	\$ 62.24	\$.85
DIAGNOSTIC AND ANC. PROCED	662	668	30,901.41	46.26	.009	46.68	.41
EYE APPLIANCES	718	2,000	31,285.39	15.64	.026	43.57	.41
OTHER OPTOMETRIC SERVICES	77	116	2,422.18	20.88	.002	31.46	.03
@CHIROPRACTOR	138	210	\$ 3,471.75	\$ 16.53	.003	\$ 25.16	\$.05
VISITS	134	204	3,406.70	16.70	.003	25.42	.05
OTHER SERVICES	4	6	65.05	10.84	.000	16.26	.00
@PODIATRIST	774	1,011	\$ 13,468.28	\$ 13.32	.013	\$ 17.40	\$.18
MEDICINE/INJECTIONS	46	61	1,727.96	28.33	.001	37.56	.02
SURGERY/ANES.	13	16	774.77	48.42	.000	59.60	.01
RADIO./PATHOLOGY	8	8	133.21	16.65	.000	16.65	.00
OTHER	730	926	10,832.34	11.70	.012	14.84	.14
@HOME HEALTH AGENCY	137	18,107	\$ 555,513.26	\$ 30.68	.239	\$ 4054.84	\$ 7.34
NURSE ANESTHESIST	2	8	\$ 19.18	\$ 2.40	.000	\$ 9.59	\$.00
NURSE MIDWIFE	8	24	\$ 1,594.73	\$ 66.45	.000	\$ 199.34	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$ 40.32	\$ 20.16	.000	\$ 40.32	\$.00
@TOTAL HOSPITAL	5,281	25,447	\$ 4,706,481.84	\$ 184.95	.336	\$ 891.21	\$ 62.19
HOSP INPATIENT TOTAL	651	3,769	4,148,599.05	1100.72	.050	6372.66	54.82
HSC HOSPITALS	367	2,001	2,270,878.08	1134.87	.026	6187.68	30.01
NON-HSC HOSPITAL TOTAL	207	1,236	1,805,894.94	1461.08	.016	8724.13	23.86
ACCOMMODATIONS	207	1,236	667,916.65	540.39	.016	3226.65	8.83
ADMINISTRATIVE DAYS	22	282	63,195.91	224.10	.004	2872.54	.84
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	190	954	604,720.74	633.88	.013	3182.74	7.99
ANCILLARIES	207	0	1,137,978.29	.00	.000	5497.48	15.04
INPATIENT CROSSOVERS	90	532	70,955.03	133.37	.007	788.39	.94
ALL OTHER INPATIENT	1	0	871.00	.00	.000	871.00	.01
HOSP OUTPATIENT TOTAL	4,818	21,678	557,882.79	25.73	.286	115.79	7.37
MEDICAL	654	934	30,715.43	32.89	.012	46.97	.41
SURGERY	506	573	22,776.58	39.75	.008	45.01	.30
PATHOLOGY	1,654	7,007	71,706.93	10.23	.093	43.35	.95
RADIOLOGY	1,227	1,765	121,981.15	69.11	.023	99.41	1.61
ROOM USE	3,355	4,278	169,558.41	39.63	.057	50.54	2.24
CROSSOVERS/ALL OTH OUTPTNT	2,152	7,121	141,144.29	19.82	.094	65.59	1.87
@COUNTY HOSPITAL TOTAL	25	240	\$ 155,111.40	\$ 646.30	.003	\$ 6204.46	\$ 2.05
CO HOSPITAL INPATIENT TOTAL	3	130	149,616.00	1150.89	.002	49872.00	1.98
HSC HOSPITALS	3	130	149,616.00	1150.89	.002	49872.00	1.98
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	22	110	5,495.40	49.96	.001	249.79	.07
MEDICAL	11	13	423.76	32.60	.000	38.52	.01
SURGERY	6	12	629.11	52.43	.000	104.85	.01
PATHOLOGY	9	28	742.92	26.53	.000	82.55	.01
RADIOLOGY	5	11	2,016.06	183.28	.000	403.21	.03
ROOM USE	13	26	1,140.41	43.86	.000	87.72	.02
CROSSOVERS/ALL OTH OUTPTNT	11	20	543.14	27.16	.000	49.38	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,291
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	75,680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,258	25,207	\$	4,551,370.44	\$ 180.56	.333	\$ 865.61	\$ 60.14
COMM HOSP INPATIENT TOTAL	648	3,639		3,998,983.05	1098.92	.048	6171.27	52.84
HSC HOSPITALS	364	1,871		2,121,262.08	1133.76	.025	5827.64	28.03
NON-HSC HOSPITALS TOTAL	207	1,236		1,805,894.94	1461.08	.016	8724.13	23.86
ACCOMMODATIONS	207	1,236		667,916.65	540.39	.016	3226.65	8.83
ADMINISTRATIVE DAYS	22	282		63,195.91	224.10	.004	2872.54	.84
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	190	954		604,720.74	633.88	.013	3182.74	7.99
ANCILLARIES	207	0		1,137,978.29	.00	.000	5497.48	15.04
INPATIENT CROSSOVERS	90	532		70,955.03	133.37	.007	788.39	.94
ALL OTHER INPATIENT	1	0		871.00	.00	.000	871.00	.01
COMM HOSP OUTPATIENT TOTAL	4,798	21,568		552,387.39	25.61	.285	115.13	7.30
MEDICAL	643	921		30,291.67	32.89	.012	47.11	.40
SURGERY	500	561		22,147.47	39.48	.007	44.29	.29
PATHOLOGY	1,646	6,979		70,964.01	10.17	.092	43.11	.94
RADIOLOGY	1,222	1,754		119,965.09	68.40	.023	98.17	1.59
ROOM USE	3,343	4,252		168,418.00	39.61	.056	50.38	2.23
CROSSOVERS/ALL OTH OUTPTNT	2,142	7,101		140,601.15	19.80	.094	65.64	1.86
@STATE HOSPITAL	12	365	\$	160,256.90	\$ 439.06	.005	\$ 13354.74	\$ 2.12
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365		160,256.90	439.06	.005	13354.74	2.12
@NURSING FACILITY	6,789	220,373	\$	20,158,898.89	\$ 91.48	2.912	\$ 2969.35	\$ 266.37
LEV A-INTERMEDIATE	466	15,506		722,989.87	46.63	.205	1551.48	9.55
LEV B-REHAB MD	28	814		79,737.12	97.96	.011	2847.75	1.05
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	22	1,206		561,640.53	465.71	.016	25529.12	7.42
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6,288	202,847		18,794,531.37	92.65	2.680	2988.95	248.34
@INTERMEDIATE CARE FACIL.-DD	344	10,630	\$	1,620,034.93	\$ 152.40	.140	\$ 4709.40	\$ 21.41
ICF DDH	132	4,126		551,375.36	133.63	.055	4177.09	7.29
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	212	6,504		1,068,659.57	164.31	.086	5040.85	14.12
@HEMODIALYSIS TOTAL	139	942	\$	116,101.00	\$ 123.25	.012	\$ 835.26	\$ 1.53
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	139	942		116,101.00	123.25	.012	835.26	1.53
@REHABILITATION FACILITY	11	29	\$	1,602.95	\$ 55.27	.000	\$ 145.72	\$.02
HOSPITAL BASED	11	29		1,602.95	55.27	.000	145.72	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,733	8,761	\$	121,681.37	\$ 13.89	.116	\$ 44.52	\$ 1.61
PATHOLOGY	2,728	8,691		121,666.83	14.00	.115	44.60	1.61
XO AND OTHERS	5	70		14.54	.21	.001	2.91	.00
@ORGANIZED OUTPATIENT CLINIC	2,933	6,271	\$	735,426.19	\$ 117.27	.083	\$ 250.74	\$ 9.72
CLINIC	711	2,424		69,041.10	28.48	.032	97.10	.91

SURGICENTER	104	562	19,679.90	35.02	.007	189.23	.26
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,140	3,285	646,705.19	196.87	.043	302.20	8.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,292
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
75,680 ELIGIBLES							
@ALL OTHER PROVIDERS	4,131	126,314	\$ 893,206.49	\$ 7.07	1.669	\$ 216.22	\$ 11.80
DURABLE MED. EQUIP.	518	2,623	241,211.37	91.96	.035	465.66	3.19
BLOOD BANK	2	20	344.00	17.20	.000	172.00	.00
HEARING AID DISPENSERS	12	23	8,562.72	372.29	.000	713.56	.11
MEDICAL TRANSPORTATION	922	32,745	164,762.27	5.03	.433	178.70	2.18
AMBULANCES/AIR TRANS	255	3,627	52,285.90	14.42	.048	205.04	.69
OTHER TRANS	644	28,790	100,774.45	3.50	.380	156.48	1.33
OTHER SERVICES	38	328	11,701.92	35.68	.004	307.95	.15
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	154	2,214	147,180.93	66.48	.029	955.72	1.94
GENETIC DISEASE TESTING	151	152	13,005.00	85.56	.002	86.13	.17
IHMC, MODEL-NF, NF, AIDS, MSSP	42	176	14,222.97	80.81	.002	338.64	.19
OCCUPATIONAL THERAPIST	2	29	172.13	5.94	.000	86.07	.00
OPTICIAN	811	1,793	18,866.65	10.52	.024	23.26	.25
PHYSICAL THERAPIST	28	368	4,481.91	12.18	.005	160.07	.06
PORTABLE X-RAY	20	43	302.52	7.04	.001	15.13	.00
PROSTHETIST/ORTHOTISTS	78	141	13,901.67	98.59	.002	178.23	.18
PROSTHETICS	74	136	13,625.93	100.19	.002	184.13	.18
ORTHOTICS	4	5	275.74	55.15	.000	68.94	.00
PSYCHOLOGIST	19	23	383.77	16.69	.000	20.20	.01
SPEECH AND AUDIOLOGY	389	1,036	73,635.42	71.08	.014	189.29	.97
HOSPICE SERVICES	44	1,051	106,009.82	100.87	.014	2409.31	1.40
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	804	4,623	38,921.74	8.42	.061	48.41	.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	429	79,251	46,191.12	.58	1.047	107.67	.61
@CALIF. CHILDREN SERVICES*	339	7,612	\$ 1,005,323.58	\$ 132.07	.101	\$ 2965.56	\$ 13.28
@XOVER EXCLUDING STATE HOSP**	3,156	44,671	\$ 473,384.64	\$ 10.60	.590	\$ 150.00	\$ 6.26

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,293
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,581 ELIGIBLES							
@TOTAL, ALL PROVIDERS	2,541	52,281	\$ 781,862.48	\$ 14.96	9.368	\$ 307.70	\$ 140.09
@PHYSICIANS SERVICES	1,152	2,604	\$ 117,960.62	\$ 45.30	.467	\$ 102.40	\$ 21.14
OUTPATIENT VISITS	894	1,253	48,826.85	38.97	.225	54.62	8.75
OFFICE VISITS	615	821	27,118.20	33.03	.147	44.09	4.86
HOME VISITS	3	3	112.26	37.42	.001	37.42	.02
EMERGENCY ROOM	218	251	11,674.53	46.51	.045	53.55	2.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	59	104	8,033.19	77.24	.019	136.16	1.44

OTHER OUTPATIENT	62	74		1,888.67	25.52	.013	30.46	.34
INPATIENT VISITS	61	178		11,295.60	63.46	.032	185.17	2.02
HOSPITAL VISITS	60	136		6,069.30	44.63	.024	101.16	1.09
CRITICAL CARE	6	42		5,226.30	124.44	.008	871.05	.94
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8		378.74	47.34	.001	47.34	.07
EXAMINATIONS	8	8		378.74	47.34	.001	47.34	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	50	191		26,601.10	139.27	.034	532.02	4.77
PRINCIPAL SURGEON	38	40		22,515.89	562.90	.007	592.52	4.03
ASSISTANT SURGEON	4	4		746.00	186.50	.001	186.50	.13
ANESTHESIOLOGIST	16	147		3,339.21	22.72	.026	208.70	.60
OUTPATIENT SURGERY	80	179		9,229.99	51.56	.032	115.37	1.65
PRINCIPAL SURGEON	66	79		6,573.14	83.20	.014	99.59	1.18
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	25	100		2,656.85	26.57	.018	106.27	.48
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	103	148		1,498.19	10.12	.027	14.55	.27
RADIOLOGY	216	340		13,054.72	38.40	.061	60.44	2.34
PSYCHIATRY	1	1		31.90	31.90	.000	31.90	.01
IMMUNIZATION AND INJECTION	39	96		1,364.75	14.22	.017	34.99	.24
OTHER SERVICES/ALL X-OVERS	102	210		5,678.78	27.04	.038	55.67	1.02
@PHARMACY	1,156	8,190	\$	168,153.24	\$ 20.53	1.467	\$ 145.46	\$ 30.13
PRESCRIPTION DRUGS	1,147	2,762		161,445.89	58.45	.495	140.75	28.93
SNF/ICF	9	242		12,972.28	53.60	.043	1441.36	2.32
OUTPATIENTS	1,140	2,520		148,473.61	58.92	.452	130.24	26.60
MEDICAL SUPPLIES	44	5,428		6,707.35	1.24	.973	152.44	1.20
@DENTIST	339	1,550	\$	56,068.34	\$ 36.17	.278	\$ 165.39	\$ 10.05
VISITS - DIAGNOSTIC	246	959		16,639.35	17.35	.172	67.64	2.98
ORAL SURGERY	43	98		7,646.00	78.02	.018	177.81	1.37
DRUGS	21	22		468.75	21.31	.004	22.32	.08
ANESTHESIA	5	5		400.00	80.00	.001	80.00	.07
PERIODONTICS	3	3		165.00	55.00	.001	55.00	.03
ENDODONTICS	20	52		8,939.50	171.91	.009	446.98	1.60
RESTORATIVE DENTISTRY	119	388		19,037.75	49.07	.070	159.98	3.41
PROSTHETICS	3	3		90.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	4		533.00	133.25	.001	177.67	.10
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	2		1,550.00	775.00	.000	1550.00	.28
ORTHODONTIC SERVICES	11	12		598.99	49.92	.002	54.45	.11
ALL OTHER SERVICES	1	2		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,294
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

				----- MONTHLY AVERAGE -----				
5,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	52	144	\$ 3,279.17	\$ 22.77	.026	\$ 63.06	\$.59	
DIAGNOSTIC AND ANC. PROCED	37	38	1,748.72	46.02	.007	47.26	.31	
EYE APPLIANCES	38	103	1,483.63	14.40	.018	39.04	.27	
OTHER OPTOMETRIC SERVICES	3	3	46.82	15.61	.001	15.61	.01	
@CHIROPRACTOR	10	15	\$ 250.80	\$ 16.72	.003	\$ 25.08	\$.04	
VISITS	10	15	250.80	16.72	.003	25.08	.04	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	226	\$	8,469.97	\$ 37.48	.040	\$ 1058.75	\$ 1.52
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	482	2,149	\$	303,035.20	\$ 141.01	.385	\$ 628.70	\$ 54.30
HOSP INPATIENT TOTAL	50	221		255,366.90	1155.51	.040	5107.34	45.76
HSC HOSPITALS	32	126		150,203.22	1192.09	.023	4693.85	26.91
NON-HSC HOSPITAL TOTAL	19	95		105,163.68	1106.99	.017	5534.93	18.84
ACCOMMODATIONS	19	95		58,313.07	613.82	.017	3069.11	10.45
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	95		58,313.07	613.82	.017	3069.11	10.45
ANCILLARIES	19	0		46,850.61	.00	.000	2465.82	8.39
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	452	1,928		47,668.30	24.72	.345	105.46	8.54
MEDICAL	75	113		4,656.35	41.21	.020	62.08	.83
SURGERY	39	40		1,205.16	30.13	.007	30.90	.22
PATHOLOGY	179	755		8,923.34	11.82	.135	49.85	1.60
RADIOLOGY	108	144		8,095.12	56.22	.026	74.95	1.45
ROOM USE	338	440		17,675.16	40.17	.079	52.29	3.17
CROSSOVERS/ALL OTH OUTPTNT	181	436		7,113.17	16.31	.078	39.30	1.27
@COUNTY HOSPITAL TOTAL	2	12	\$	14,905.62	\$ 1242.14	.002	\$ 7452.81	\$ 2.67
CO HOSPITAL INPATIENT TOTAL	1	11		14,872.00	1352.00	.002	14872.00	2.66
HSC HOSPITALS	1	11		14,872.00	1352.00	.002	14872.00	2.66
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.62	33.62	.000	33.62	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.62	33.62	.000	33.62	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

	5,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	480	2,137	\$	288,129.58	\$ 134.83	.383	\$ 600.27	\$ 51.63
COMM HOSP INPATIENT TOTAL	49	210		240,494.90	1145.21	.038	4908.06	43.09
HSC HOSPITALS	31	115		135,331.22	1176.79	.021	4365.52	24.25
NON-HSC HOSPITALS TOTAL	19	95		105,163.68	1106.99	.017	5534.93	18.84
ACCOMMODATIONS	19	95		58,313.07	613.82	.017	3069.11	10.45
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	95		58,313.07	613.82	.017	3069.11	10.45
ANCILLARIES	19	0		46,850.61	.00	.000	2465.82	8.39
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	451	1,927		47,634.68	24.72	.345	105.62	8.54
MEDICAL	75	113		4,656.35	41.21	.020	62.08	.83
SURGERY	39	40		1,205.16	30.13	.007	30.90	.22
PATHOLOGY	179	755		8,923.34	11.82	.135	49.85	1.60
RADIOLOGY	108	144		8,095.12	56.22	.026	74.95	1.45
ROOM USE	337	439		17,641.54	40.19	.079	52.35	3.16
CROSSOVERS/ALL OTH OUTPTNT	181	436		7,113.17	16.31	.078	39.30	1.27
@STATE HOSPITAL	8	0	\$	12,513.82	\$.00	.000	\$ 1564.23	\$ 2.24
MENTALLY ILL	8	0		12,513.82	.00	.000	1564.23	2.24
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	234	636	\$	9,941.47	\$ 15.63	.114	\$ 42.48	\$ 1.78
PATHOLOGY	234	636		9,941.47	15.63	.114	42.48	1.78
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	244	598	\$	54,641.17	\$ 91.37	.107	\$ 223.94	\$ 9.79
CLINIC	81	316		8,391.76	26.56	.057	103.60	1.50
SURGICENTER	5	34		1,229.18	36.15	.006	245.84	.22
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	162	248		45,020.23	181.53	.044	277.90	8.07

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						----- MONTHLY AVERAGE -----		
5,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	222	36,169	\$	47,548.68	\$ 1.31	6.481	\$ 214.18	\$ 8.52
DURABLE MED. EQUIP.	23	98		18,153.87	185.24	.018	789.30	3.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30	547		4,706.34	8.60	.098	156.88	.84
AMBULANCES/AIR TRANS	27	316		4,301.49	13.61	.057	159.31	.77
OTHER TRANS	3	231		404.85	1.75	.041	134.95	.07
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21		1,765.00	84.05	.004	84.05	.32
IHMC,MODEL-NF,NF,AIDS,MSSP	2	10		241.20	24.12	.002	120.60	.04
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	40	82		716.80	8.74	.015	17.92	.13
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	6		481.20	80.20	.001	96.24	.09
PROSTHETICS	4	5		437.12	87.42	.001	109.28	.08
ORTHOTICS	1	1		44.08	44.08	.000	44.08	.01
PSYCHOLOGIST	2	15		522.40	34.83	.003	261.20	.09
SPEECH AND AUDIOLOGY	8	13		5,723.32	440.26	.002	715.42	1.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	71	264		1,864.24	7.06	.047	26.26	.33
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	35,113		13,374.31	.38	6.292	477.65	2.40
@CALIF. CHILDREN SERVICES*	50	727	\$	65,082.97	\$ 89.52	.130	\$ 1301.66	\$ 11.66
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,297
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC	

						----- MONTHLY AVERAGE -----		
70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	126	817	\$	92,953.07	\$ 113.77	11.671	\$ 737.72	\$ 1327.90
@PHYSICIANS SERVICES	75	302	\$	15,909.63	\$ 52.68	4.314	\$ 212.13	\$ 227.28

OUTPATIENT VISITS	39	47		2,243.97		47.74	.671	57.54	32.06
OFFICE VISITS	11	13		572.39		44.03	.186	52.04	8.18
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	28	29		1,563.82		53.92	.414	55.85	22.34
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	4	5		107.76		21.55	.071	26.94	1.54
INPATIENT VISITS	13	84		4,286.75		51.03	1.200	329.75	61.24
HOSPITAL VISITS	12	77		2,995.60		38.90	1.100	249.63	42.79
CRITICAL CARE	2	7		1,291.15		184.45	.100	645.58	18.45
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	32		4,837.32		151.17	.457	537.48	69.10
PRINCIPAL SURGEON	6	11		4,007.57		364.32	.157	667.93	57.25
ASSISTANT SURGEON	1	1		186.50		186.50	.014	186.50	2.66
ANESTHESIOLOGIST	3	20		643.25		32.16	.286	214.42	9.19
OUTPATIENT SURGERY	11	37		1,809.87		48.92	.529	164.53	25.86
PRINCIPAL SURGEON	8	9		1,176.89		130.77	.129	147.11	16.81
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	4	28		632.98		22.61	.400	158.25	9.04
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	9	14		437.29		31.24	.200	48.59	6.25
RADIOLOGY	30	59		1,567.05		26.56	.843	52.24	22.39
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	8		34.90		4.36	.114	34.90	.50
OTHER SERVICES/ALL X-OVERS	13	21		692.48		32.98	.300	53.27	9.89
@PHARMACY	13	34	\$	1,220.52	\$	35.90	.486	\$ 93.89	\$ 17.44
PRESCRIPTION DRUGS	13	26		1,160.37		44.63	.371	89.26	16.58
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	13	26		1,160.37		44.63	.371	89.26	16.58
MEDICAL SUPPLIES	1	8		60.15		7.52	.114	60.15	.86
@DENTIST	12	72	\$	1,660.00	\$	23.06	1.029	\$ 138.33	\$ 23.71
VISITS - DIAGNOSTIC	10	38		237.00		6.24	.543	23.70	3.39
ORAL SURGERY	2	6		.00		.00	.086	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		.00		.00	.014	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	1		76.00		76.00	.014	76.00	1.09
RESTORATIVE DENTISTRY	5	25		1,347.00		53.88	.357	269.40	19.24
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00		.00	.014	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,298
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC								
				AID CODE					
				----- MONTHLY AVERAGE -----					
70 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$ 254.71	\$ 63.68	.057	\$ 127.36	\$ 3.64
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	56	363	\$ 72,806.27	\$ 200.57	5.186	\$ 1300.11	\$ 1040.09
HOSP INPATIENT TOTAL	9	60	64,957.54	1082.63	.857	7217.50	927.96
HSC HOSPITALS	7	47	48,238.03	1026.34	.671	6891.15	689.11
NON-HSC HOSPITAL TOTAL	2	13	16,719.51	1286.12	.186	8359.76	238.85
ACCOMMODATIONS	2	13	6,684.09	514.16	.186	3342.05	95.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	13	6,684.09	514.16	.186	3342.05	95.49
ANCILLARIES	2	0	10,035.42	.00	.000	5017.71	143.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	48	303	7,848.73	25.90	4.329	163.52	112.12
MEDICAL	11	14	338.11	24.15	.200	30.74	4.83
SURGERY	5	5	226.61	45.32	.071	45.32	3.24
PATHOLOGY	30	120	1,301.40	10.85	1.714	43.38	18.59
RADIOLOGY	21	36	3,189.88	88.61	.514	151.90	45.57
ROOM USE	39	47	1,587.44	33.78	.671	40.70	22.68
CROSSOVERS/ALL OTH OUTPTNT	27	81	1,205.29	14.88	1.157	44.64	17.22
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
70 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	363	\$	72,806.27	\$ 200.57	5.186	\$ 1300.11	\$ 1040.09
COMM HOSP INPATIENT TOTAL	9	60		64,957.54	1082.63	.857	7217.50	927.96
HSC HOSPITALS	7	47		48,238.03	1026.34	.671	6891.15	689.11
NON-HSC HOSPITALS TOTAL	2	13		16,719.51	1286.12	.186	8359.76	238.85
ACCOMMODATIONS	2	13		6,684.09	514.16	.186	3342.05	95.49
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	13		6,684.09	514.16	.186	3342.05	95.49
ANCILLARIES	2	0		10,035.42	.00	.000	5017.71	143.36
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	48	303		7,848.73	25.90	4.329	163.52	112.12
MEDICAL	11	14		338.11	24.15	.200	30.74	4.83
SURGERY	5	5		226.61	45.32	.071	45.32	3.24
PATHOLOGY	30	120		1,301.40	10.85	1.714	43.38	18.59
RADIOLOGY	21	36		3,189.88	88.61	.514	151.90	45.57
ROOM USE	39	47		1,587.44	33.78	.671	40.70	22.68
CROSSOVERS/ALL OTH OUTPTNT	27	81		1,205.29	14.88	1.157	44.64	17.22
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5	15	\$	183.87	\$	12.26	.214	\$ 36.77	\$ 2.63
PATHOLOGY	5	15		183.87		12.26	.214	36.77	2.63
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	274.77	\$	91.59	.043	\$ 137.39	\$ 3.93
CLINIC	1	2		46.46		23.23	.029	46.46	.66
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		228.31		228.31	.014	228.31	3.26
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PLACER COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC								

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	24	\$ 643.30	\$ 26.80	.343	\$ 107.22	\$ 9.19
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	22	618.44	28.11	.314	123.69	8.83
AMBULANCES/AIR TRANS	5	22	618.44	28.11	.314	123.69	8.83
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	24.86	12.43	.029	24.86	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	93	\$ 13,563.11	\$ 145.84	1.329	\$ 1695.39	\$ 193.76
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,301
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

5,651 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,667	53,098	\$ 874,815.55	\$ 16.48	9.396	\$ 328.01	\$ 154.81
@PHYSICIANS SERVICES	1,227	2,906	\$ 133,870.25	\$ 46.07	.514	\$ 109.10	\$ 23.69
OUTPATIENT VISITS	933	1,300	51,070.82	39.29	.230	54.74	9.04
OFFICE VISITS	626	834	27,690.59	33.20	.148	44.23	4.90
HOME VISITS	3	3	112.26	37.42	.001	37.42	.02
EMERGENCY ROOM	246	280	13,238.35	47.28	.050	53.81	2.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	59	104	8,033.19	77.24	.018	136.16	1.42
OTHER OUTPATIENT	66	79	1,996.43	25.27	.014	30.25	.35
INPATIENT VISITS	74	262	15,582.35	59.47	.046	210.57	2.76
HOSPITAL VISITS	72	213	9,064.90	42.56	.038	125.90	1.60
CRITICAL CARE	8	49	6,517.45	133.01	.009	814.68	1.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	378.74	47.34	.001	47.34	.07
EXAMINATIONS	8	8	378.74	47.34	.001	47.34	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	59	223	31,438.42	140.98	.039	532.85	5.56
PRINCIPAL SURGEON	44	51	26,523.46	520.07	.009	602.81	4.69
ASSISTANT SURGEON	5	5	932.50	186.50	.001	186.50	.17
ANESTHESIOLOGIST	19	167	3,982.46	23.85	.030	209.60	.70
OUTPATIENT SURGERY	91	216	11,039.86	51.11	.038	121.32	1.95
PRINCIPAL SURGEON	74	88	7,750.03	88.07	.016	104.73	1.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	29	128	3,289.83	25.70	.023	113.44	.58
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	112	162	1,935.48	11.95	.029	17.28	.34
RADIOLOGY	246	399	14,621.77	36.65	.071	59.44	2.59
PSYCHIATRY	1	1	31.90	31.90	.000	31.90	.01
IMMUNIZATION AND INJECTION	40	104	1,399.65	13.46	.018	34.99	.25
OTHER SERVICES/ALL X-OVERS	115	231	6,371.26	27.58	.041	55.40	1.13
@PHARMACY	1,169	8,224	\$ 169,373.76	\$ 20.60	1.455	\$ 144.89	\$ 29.97
PRESCRIPTION DRUGS	1,160	2,788	162,606.26	58.32	.493	140.18	28.77
SNF/ICF	9	242	12,972.28	53.60	.043	1441.36	2.30
OUTPATIENTS	1,153	2,546	149,633.98	58.77	.451	129.78	26.48
MEDICAL SUPPLIES	45	5,436	6,767.50	1.24	.962	150.39	1.20
@DENTIST	351	1,622	\$ 57,728.34	\$ 35.59	.287	\$ 164.47	\$ 10.22
VISITS - DIAGNOSTIC	256	997	16,876.35	16.93	.176	65.92	2.99
ORAL SURGERY	45	104	7,646.00	73.52	.018	169.91	1.35
DRUGS	21	22	468.75	21.31	.004	22.32	.08
ANESTHESIA	6	6	400.00	66.67	.001	66.67	.07
PERIODONTICS	3	3	165.00	55.00	.001	55.00	.03
ENDODONTICS	21	53	9,015.50	170.10	.009	429.31	1.60
RESTORATIVE DENTISTRY	124	413	20,384.75	49.36	.073	164.39	3.61
PROSTHETICS	3	3	90.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	4	533.00	133.25	.001	177.67	.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	2	1,550.00	775.00	.000	1550.00	.27
ORTHODONTIC SERVICES	12	13	598.99	46.08	.002	49.92	.11
ALL OTHER SERVICES	1	2	.00	.00	.000	.00	.00

PLACER COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

5,651 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	52	144	\$ 3,279.17	\$ 22.77	.025	\$ 63.06	\$.58
DIAGNOSTIC AND ANC. PROCED	37	38	1,748.72	46.02	.007	47.26	.31
EYE APPLIANCES	38	103	1,483.63	14.40	.018	39.04	.26
OTHER OPTOMETRIC SERVICES	3	3	46.82	15.61	.001	15.61	.01
@CHIROPRACTOR	10	15	\$ 250.80	\$ 16.72	.003	\$ 25.08	\$.04
VISITS	10	15	250.80	16.72	.003	25.08	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	230	\$ 8,724.68	\$ 37.93	.041	\$ 872.47	\$ 1.54
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	538	2,512	\$ 375,841.47	\$ 149.62	.445	\$ 698.59	\$ 66.51
HOSP INPATIENT TOTAL	59	281	320,324.44	1139.94	.050	5429.23	56.68
HSC HOSPITALS	39	173	198,441.25	1147.06	.031	5088.24	35.12
NON-HSC HOSPITAL TOTAL	21	108	121,883.19	1128.55	.019	5803.96	21.57
ACCOMMODATIONS	21	108	64,997.16	601.83	.019	3095.10	11.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	108	64,997.16	601.83	.019	3095.10	11.50
ANCILLARIES	21	0	56,886.03	.00	.000	2708.86	10.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	500	2,231	55,517.03	24.88	.395	111.03	9.82
MEDICAL	86	127	4,994.46	39.33	.022	58.08	.88
SURGERY	44	45	1,431.77	31.82	.008	32.54	.25
PATHOLOGY	209	875	10,224.74	11.69	.155	48.92	1.81
RADIOLOGY	129	180	11,285.00	62.69	.032	87.48	2.00
ROOM USE	377	487	19,262.60	39.55	.086	51.09	3.41
CROSSOVERS/ALL OTH OUTPTNT	208	517	8,318.46	16.09	.091	39.99	1.47
@COUNTY HOSPITAL TOTAL	2	12	\$ 14,905.62	\$ 1242.14	.002	\$ 7452.81	\$ 2.64
CO HOSPITAL INPATIENT TOTAL	1	11	14,872.00	1352.00	.002	14872.00	2.63
HSC HOSPITALS	1	11	14,872.00	1352.00	.002	14872.00	2.63
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.62	33.62	.000	33.62	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.62	33.62	.000	33.62	.01

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
5,651 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	536	2,500	\$ 360,935.85	\$ 144.37	.442	\$ 673.39	\$ 63.87
COMM HOSP INPATIENT TOTAL	58	270	305,452.44	1131.31	.048	5266.42	54.05
HSC HOSPITALS	38	162	183,569.25	1133.14	.029	4830.77	32.48
NON-HSC HOSPITALS TOTAL	21	108	121,883.19	1128.55	.019	5803.96	21.57
ACCOMMODATIONS	21	108	64,997.16	601.83	.019	3095.10	11.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	108	64,997.16	601.83	.019	3095.10	11.50
ANCILLARIES	21	0	56,886.03	.00	.000	2708.86	10.07
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	499	2,230	55,483.41	24.88	.395	111.19	9.82
MEDICAL	86	127	4,994.46	39.33	.022	58.08	.88
SURGERY	44	45	1,431.77	31.82	.008	32.54	.25
PATHOLOGY	209	875	10,224.74	11.69	.155	48.92	1.81
RADIOLOGY	129	180	11,285.00	62.69	.032	87.48	2.00
ROOM USE	376	486	19,228.98	39.57	.086	51.14	3.40
CROSSEOVERS/ALL OTH OUTPTNT	208	517	8,318.46	16.09	.091	39.99	1.47
@STATE HOSPITAL	8	0	\$ 12,513.82	\$.00	.000	\$ 1564.23	\$ 2.21
MENTALLY ILL	8	0	12,513.82	.00	.000	1564.23	2.21
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	239	651	\$ 10,125.34	\$ 15.55	.115	\$ 42.37	\$ 1.79
PATHOLOGY	239	651	10,125.34	15.55	.115	42.37	1.79
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	246	601	\$ 54,915.94	\$ 91.37	.106	\$ 223.24	\$ 9.72
CLINIC	82	318	8,438.22	26.54	.056	102.91	1.49
SURGICENTER	5	34	1,229.18	36.15	.006	245.84	.22
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	163	249	45,248.54	181.72	.044	277.60	8.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,304
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN						

5,651 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	228	36,193	\$ 48,191.98	\$ 1.33	6.405	\$ 211.37	\$ 8.53
DURABLE MED. EQUIP.	23	98	18,153.87	185.24	.017	789.30	3.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	569	5,324.78	9.36	.101	152.14	.94
AMBULANCES/AIR TRANS	32	338	4,919.93	14.56	.060	153.75	.87
OTHER TRANS	3	231	404.85	1.75	.041	134.95	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	1,765.00	84.05	.004	84.05	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	2	10	241.20	24.12	.002	120.60	.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	41	84	741.66	8.83	.015	18.09	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	6	481.20	80.20	.001	96.24	.09
PROSTHETICS	4	5	437.12	87.42	.001	109.28	.08
ORTHOTICS	1	1	44.08	44.08	.000	44.08	.01
PSYCHOLOGIST	2	15	522.40	34.83	.003	261.20	.09
SPEECH AND AUDIOLOGY	8	13	5,723.32	440.26	.002	715.42	1.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	71	264	1,864.24	7.06	.047	26.26	.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	35,113	13,374.31	.38	6.214	477.65	2.37
@CALIF. CHILDREN SERVICES*	58	820	\$ 78,646.08	\$ 95.91	.145	\$ 1355.97	\$ 13.92

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,305
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,306
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,307
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,308
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,309
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

463 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	386	2,622	\$ 215,585.85	\$ 82.22	5.663	\$ 558.51	\$ 465.63
@PHYSICIANS SERVICES	239	713	\$ 55,773.76	\$ 78.22	1.540	\$ 233.36	\$ 120.46
OUTPATIENT VISITS	123	190	11,931.06	62.80	.410	97.00	25.77
OFFICE VISITS	44	56	2,315.75	41.35	.121	52.63	5.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	23	29	1,511.54	52.12	.063	65.72	3.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	99	7,973.33	80.54	.214	117.25	17.22

OTHER OUTPATIENT	5	6	130.44	21.74	.013	26.09	.28
INPATIENT VISITS	30	68	2,907.84	42.76	.147	96.93	6.28
HOSPITAL VISITS	30	69	2,907.84	42.14	.149	96.93	6.28
CRITICAL CARE	0	1CR	.00	.00	.002CR	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	218	29,901.31	137.16	.471	610.23	64.58
PRINCIPAL SURGEON	29	30	24,345.00	811.50	.065	839.48	52.58
ASSISTANT SURGEON	6	6	1,119.00	186.50	.013	186.50	2.42
ANESTHESIOLOGIST	22	182	4,437.31	24.38	.393	201.70	9.58
OUTPATIENT SURGERY	24	32	2,384.03	74.50	.069	99.33	5.15
PRINCIPAL SURGEON	22	27	2,135.25	79.08	.058	97.06	4.61
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.23
ANESTHESIOLOGIST	4	4	141.56	35.39	.009	35.39	.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	49	874.01	17.84	.106	26.49	1.89
RADIOLOGY	84	99	5,536.84	55.93	.214	65.91	11.96
PSYCHIATRY	2	2	65.96	32.98	.004	32.98	.14
IMMUNIZATION AND INJECTION	11	22	730.19	33.19	.048	66.38	1.58
OTHER SERVICES/ALL X-OVERS	14	33	1,442.52	43.71	.071	103.04	3.12
@PHARMACY	122	257	\$ 10,256.77	\$ 39.91	.555	\$ 84.07	\$ 22.15
PRESCRIPTION DRUGS	121	232	8,156.27	35.16	.501	67.41	17.62
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	121	232	8,156.27	35.16	.501	67.41	17.62
MEDICAL SUPPLIES	9	25	2,100.50	84.02	.054	233.39	4.54
@DENTIST	18	65	\$ 1,656.00	\$ 25.48	.140	\$ 92.00	\$ 3.58
VISITS - DIAGNOSTIC	17	50	722.00	14.44	.108	42.47	1.56
ORAL SURGERY	1	3	135.00	45.00	.006	135.00	.29
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.46
RESTORATIVE DENTISTRY	3	11	584.00	53.09	.024	194.67	1.26
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,310
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

463 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	13	\$ 311.09	\$ 23.93	.028	\$ 77.77	\$.67
DIAGNOSTIC AND ANC. PROCED	4	4	182.54	45.64	.009	45.64	.39
EYE APPLIANCES	3	9	128.55	14.28	.019	42.85	.28
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	6	\$ 312.23	\$ 52.04	.013	\$ 104.08	\$.67
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	9	\$ 1,413.28	\$ 157.03	.019	\$ 471.09	\$ 3.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	137	938	\$ 116,481.22	\$ 124.18	2.026	\$ 850.23	\$ 251.58
HOSP INPATIENT TOTAL	33	105	104,143.41	991.84	.227	3155.86	224.93
HSC HOSPITALS	17	39	43,026.28	1103.24	.084	2530.96	92.93
NON-HSC HOSPITAL TOTAL	16	66	61,117.13	926.02	.143	3819.82	132.00
ACCOMMODATIONS	16	66	26,946.11	408.27	.143	1684.13	58.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	66	26,946.11	408.27	.143	1684.13	58.20
ANCILLARIES	16	0	34,171.02	.00	.000	2135.69	73.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	118	833	12,337.81	14.81	1.799	104.56	26.65
MEDICAL	7	10	183.02	18.30	.022	26.15	.40
SURGERY	12	26	811.80	31.22	.056	67.65	1.75
PATHOLOGY	71	364	3,933.75	10.81	.786	55.40	8.50
RADIOLOGY	13	14	827.78	59.13	.030	63.68	1.79
ROOM USE	60	101	3,481.38	34.47	.218	58.02	7.52
CROSSOVERS/ALL OTH OUTPTNT	44	318	3,100.08	9.75	.687	70.46	6.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024 FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT							
AID CODE							
----- MONTHLY AVERAGE -----							
463 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	938	\$ 116,481.22	\$ 124.18	2.026	\$ 850.23	\$ 251.58
COMM HOSP INPATIENT TOTAL	33	105	104,143.41	991.84	.227	3155.86	224.93
HSC HOSPITALS	17	39	43,026.28	1103.24	.084	2530.96	92.93
NON-HSC HOSPITALS TOTAL	16	66	61,117.13	926.02	.143	3819.82	132.00
ACCOMMODATIONS	16	66	26,946.11	408.27	.143	1684.13	58.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	66	26,946.11	408.27	.143	1684.13	58.20
ANCILLARIES	16	0	34,171.02	.00	.000	2135.69	73.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	833	12,337.81	14.81	1.799	104.56	26.65
MEDICAL	7	10	183.02	18.30	.022	26.15	.40
SURGERY	12	26	811.80	31.22	.056	67.65	1.75
PATHOLOGY	71	364	3,933.75	10.81	.786	55.40	8.50
RADIOLOGY	13	14	827.78	59.13	.030	63.68	1.79
ROOM USE	60	101	3,481.38	34.47	.218	58.02	7.52
CROSSOVERS/ALL OTH OUTPTNT	44	318	3,100.08	9.75	.687	70.46	6.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	92	197	\$	3,135.02	\$	15.91		.425	\$	34.08	\$	6.77
PATHOLOGY	92	197		3,135.02		15.91		.425		34.08		6.77
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	76	361	\$	23,097.79	\$	63.98		.780	\$	303.92	\$	49.89
CLINIC	44	288		8,903.76		30.92		.622		202.36		19.23
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	34	73		14,194.03		194.44		.158		417.47		30.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,312
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

463 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	38	63	\$ 3,148.69	\$ 49.98	.136	\$ 82.86	\$ 6.80
DURABLE MED. EQUIP.	1	1	96.98	96.98	.002	96.98	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	22	326.25	14.83	.048	108.75	.70
AMBULANCES/AIR TRANS	3	22	326.25	14.83	.048	108.75	.70
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	30	30	2,636.00	87.87	.065	87.87	5.69
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	10	89.46	8.95	.022	22.37	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,313
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

463 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	386	2,622	\$ 215,585.85	\$ 82.22	5.663	\$ 558.51	\$ 465.63
@PHYSICIANS SERVICES	239	713	\$ 55,773.76	\$ 78.22	1.540	\$ 233.36	\$ 120.46

OUTPATIENT VISITS	123	190		11,931.06	62.80	.410	97.00	25.77
OFFICE VISITS	44	56		2,315.75	41.35	.121	52.63	5.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	23	29		1,511.54	52.12	.063	65.72	3.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	99		7,973.33	80.54	.214	117.25	17.22
OTHER OUTPATIENT	5	6		130.44	21.74	.013	26.09	.28
INPATIENT VISITS	30	68		2,907.84	42.76	.147	96.93	6.28
HOSPITAL VISITS	30	69		2,907.84	42.14	.149	96.93	6.28
CRITICAL CARE	0	1CR		.00	.00	.002CR	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	218		29,901.31	137.16	.471	610.23	64.58
PRINCIPAL SURGEON	29	30		24,345.00	811.50	.065	839.48	52.58
ASSISTANT SURGEON	6	6		1,119.00	186.50	.013	186.50	2.42
ANESTHESIOLOGIST	22	182		4,437.31	24.38	.393	201.70	9.58
OUTPATIENT SURGERY	24	32		2,384.03	74.50	.069	99.33	5.15
PRINCIPAL SURGEON	22	27		2,135.25	79.08	.058	97.06	4.61
ASSISTANT SURGEON	1	1		107.22	107.22	.002	107.22	.23
ANESTHESIOLOGIST	4	4		141.56	35.39	.009	35.39	.31
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	33	49		874.01	17.84	.106	26.49	1.89
RADIOLOGY	84	99		5,536.84	55.93	.214	65.91	11.96
PSYCHIATRY	2	2		65.96	32.98	.004	32.98	.14
IMMUNIZATION AND INJECTION	11	22		730.19	33.19	.048	66.38	1.58
OTHER SERVICES/ALL X-OVERS	14	33		1,442.52	43.71	.071	103.04	3.12
@PHARMACY	122	257	\$	10,256.77	\$ 39.91	.555	\$ 84.07	\$ 22.15
PRESCRIPTION DRUGS	121	232		8,156.27	35.16	.501	67.41	17.62
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	121	232		8,156.27	35.16	.501	67.41	17.62
MEDICAL SUPPLIES	9	25		2,100.50	84.02	.054	233.39	4.54
@DENTIST	18	65	\$	1,656.00	\$ 25.48	.140	\$ 92.00	\$ 3.58
VISITS - DIAGNOSTIC	17	50		722.00	14.44	.108	42.47	1.56
ORAL SURGERY	1	3		135.00	45.00	.006	135.00	.29
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		215.00	215.00	.002	215.00	.46
RESTORATIVE DENTISTRY	3	11		584.00	53.09	.024	194.67	1.26
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,314
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC							

	463 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	13	\$	311.09	\$ 23.93	.028	\$ 77.77	\$.67
DIAGNOSTIC AND ANC. PROCED	4	4		182.54	45.64	.009	45.64	.39

EYE APPLIANCES	3	9		128.55		14.28	.019	42.85	.28
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	3	6	\$	312.23	\$	52.04	.013	\$ 104.08	\$.67
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	9	\$	1,413.28	\$	157.03	.019	\$ 471.09	\$ 3.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	137	938	\$	116,481.22	\$	124.18	2.026	\$ 850.23	\$ 251.58
HOSP INPATIENT TOTAL	33	105		104,143.41		991.84	.227	3155.86	224.93
HSC HOSPITALS	17	39		43,026.28		1103.24	.084	2530.96	92.93
NON-HSC HOSPITAL TOTAL	16	66		61,117.13		926.02	.143	3819.82	132.00
ACCOMMODATIONS	16	66		26,946.11		408.27	.143	1684.13	58.20
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	16	66		26,946.11		408.27	.143	1684.13	58.20
ANCILLARIES	16	0		34,171.02		.00	.000	2135.69	73.80
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	118	833		12,337.81		14.81	1.799	104.56	26.65
MEDICAL	7	10		183.02		18.30	.022	26.15	.40
SURGERY	12	26		811.80		31.22	.056	67.65	1.75
PATHOLOGY	71	364		3,933.75		10.81	.786	55.40	8.50
RADIOLOGY	13	14		827.78		59.13	.030	63.68	1.79
ROOM USE	60	101		3,481.38		34.47	.218	58.02	7.52

CROSSEOVERS/ALL OTH OUTPTNT	44	318		3,100.08		9.75	.687	70.46	6.70
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,315
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

	463 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	938	\$	116,481.22	\$ 124.18	2.026	\$ 850.23	\$ 251.58
COMM HOSP INPATIENT TOTAL	33	105		104,143.41	991.84	.227	3155.86	224.93
HSC HOSPITALS	17	39		43,026.28	1103.24	.084	2530.96	92.93
NON-HSC HOSPITALS TOTAL	16	66		61,117.13	926.02	.143	3819.82	132.00
ACCOMMODATIONS	16	66		26,946.11	408.27	.143	1684.13	58.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	66		26,946.11	408.27	.143	1684.13	58.20
ANCILLARIES	16	0		34,171.02	.00	.000	2135.69	73.80
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	833		12,337.81	14.81	1.799	104.56	26.65
MEDICAL	7	10		183.02	18.30	.022	26.15	.40
SURGERY	12	26		811.80	31.22	.056	67.65	1.75
PATHOLOGY	71	364		3,933.75	10.81	.786	55.40	8.50
RADIOLOGY	13	14		827.78	59.13	.030	63.68	1.79
ROOM USE	60	101		3,481.38	34.47	.218	58.02	7.52
CROSSEOVERS/ALL OTH OUTPTNT	44	318		3,100.08	9.75	.687	70.46	6.70
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	92	197	\$	3,135.02	\$	15.91	.425	\$ 34.08	\$ 6.77
PATHOLOGY	92	197		3,135.02		15.91	.425	34.08	6.77
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	76	361	\$	23,097.79	\$	63.98	.780	\$ 303.92	\$ 49.89
CLINIC	44	288		8,903.76		30.92	.622	202.36	19.23
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	34	73		14,194.03		194.44	.158	417.47	30.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,316
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

463 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	38	63	\$ 3,148.69	\$ 49.98	.136	\$ 82.86	\$ 6.80
DURABLE MED. EQUIP.	1	1	96.98	96.98	.002	96.98	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	22	326.25	14.83	.048	108.75	.70
AMBULANCES/AIR TRANS	3	22	326.25	14.83	.048	108.75	.70
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	30	30	2,636.00	87.87	.065	87.87	5.69
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	10	89.46	8.95	.022	22.37	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	35	\$ 4,756.99	\$ 135.91	35.000	\$ 792.83	\$ 4756.99
@PHYSICIANS SERVICES	1	1	\$ 24.38	\$ 24.38	1.000	\$ 24.38	\$ 24.38
OUTPATIENT VISITS	1	1	24.38	24.38	1.000	24.38	24.38
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	1.000	24.38	24.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	17	\$ 3,314.23	\$ 194.95	17.000	\$ 1657.12	\$ 3314.23
PRESCRIPTION DRUGS	2	17	3,314.23	194.95	17.000	1657.12	3314.23
SNF/ICF	2	17	3,314.23	194.95	17.000	1657.12	3314.23
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

PLACER COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	2	\$ 157.13	\$ 78.57	2.000	\$ 157.13	\$ 157.13
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2	157.13	78.57	2.000	157.13	157.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	4.50	.00	.000	.00	4.50
PATHOLOGY	0	0	.64	.00	.000	.00	.64
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	140.63	140.63	1.000	140.63	140.63
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.36	11.36	1.000	11.36	11.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 157.13	\$ 78.57	2.000	\$ 157.13	\$ 157.13
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2	157.13	78.57	2.000	157.13	157.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	4.50	.00	.000	.00	4.50
PATHOLOGY	0	0	.64	.00	.000	.00	.64
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	140.63	140.63	1.000	140.63	140.63
CROSSTOVERS/ALL OTH OUTPTNT	1	1	11.36	11.36	1.000	11.36	11.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	1	\$ 115.21	\$ 115.21	1.000	\$ 115.21	\$ 115.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	1		115.21	115.21	1.000	115.21	115.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$	25.05	8.35	3.000	12.53	25.05
PATHOLOGY	2	3		25.05	8.35	3.000	12.53	25.05
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	178.11	178.11	1.000	178.11	178.11
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		178.11	178.11	1.000	178.11	178.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,320
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC							

						AID CODE		----- MONTHLY AVERAGE -----	
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	2	10	\$ 942.88	\$ 94.29	10.000	\$ 471.44	\$ 942.88		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	2	10	942.88	94.29	10.000	471.44	942.88		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	.00		

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,321
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	9	25	\$ 4,217.58	\$ 168.70	2.273	\$ 468.62	\$ 383.42	
@PHYSICIANS SERVICES	4	7	\$ 1,711.04	\$ 244.43	.636	\$ 427.76	\$ 155.55	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	2	2	98.13	49.07	.182	49.07	8.92	
HOSPITAL VISITS	2	2	98.13	49.07	.182	49.07	8.92	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1	1	1,238.09	1238.09	.091	1238.09	112.55	
PRINCIPAL SURGEON	1	1	1,215.91	1215.91	.091	1215.91	110.54	
ASSISTANT SURGEON	0	0	22.18	.00	.000	.00	2.02	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	1	2	67.26	33.63	.182	67.26	6.11	
PRINCIPAL SURGEON	1	2	67.26	33.63	.182	67.26	6.11	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	1	45.76	45.76	.091	45.76	4.16	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	1	1	261.80	261.80	.091	261.80	23.80	
@PHARMACY	1	4	\$ 245.80	\$ 61.45	.364	\$ 245.80	\$ 22.35	
PRESCRIPTION DRUGS	1	4	245.80	61.45	.364	245.80	22.35	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	1	4	245.80	61.45	.364	245.80	22.35	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	2	4	\$ 76.93	\$ 19.23	.364	\$ 38.47	\$ 6.99	
VISITS - DIAGNOSTIC	2	3	76.93	25.64	.273	38.47	6.99	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	1	.00	.00	.091	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,322
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	10	\$ 2,183.81	\$ 218.38	.909	\$ 545.95	\$ 198.53
HOSP INPATIENT TOTAL	2	3	2,000.13	666.71	.273	1000.07	181.83
HSC HOSPITALS	1	1	.00	.00	.091	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	2,000.13	1000.07	.182	2000.13	181.83
ACCOMMODATIONS	1	2	507.50	253.75	.182	507.50	46.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	507.50	253.75	.182	507.50	46.14
ANCILLARIES	1	0	1,492.63	.00	.000	1492.63	135.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	7	183.68	26.24	.636	91.84	16.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	55.83	27.92	.182	27.92	5.08
RADIOLOGY	1	1	49.10	49.10	.091	49.10	4.46
ROOM USE	1	1	44.95	44.95	.091	44.95	4.09
CROSSOVERS/ALL OTH OUTPTNT	1	3	33.80	11.27	.273	33.80	3.07
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,323
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	10	\$ 2,183.81	\$ 218.38	.909	\$ 545.95	\$ 198.53
COMM HOSP INPATIENT TOTAL	2	3	2,000.13	666.71	.273	1000.07	181.83
HSC HOSPITALS	1	1	.00	.00	.091	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	2,000.13	1000.07	.182	2000.13	181.83
ACCOMMODATIONS	1	2	507.50	253.75	.182	507.50	46.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	507.50	253.75	.182	507.50	46.14
ANCILLARIES	1	0	1,492.63	.00	.000	1492.63	135.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	7	183.68	26.24	.636	91.84	16.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	55.83	27.92	.182	27.92	5.08
RADIOLOGY	1	1	49.10	49.10	.091	49.10	4.46
ROOM USE	1	1	44.95	44.95	.091	44.95	4.09
CROSSOVERS/ALL OTH OUTPTNT	1	3	33.80	11.27	.273	33.80	3.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,324
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 9,325

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15	60	\$ 8,974.57	\$ 149.58	5.000	\$ 598.30	\$ 747.88
@PHYSICIANS SERVICES	5	8	\$ 1,735.42	\$ 216.93	.667	\$ 347.08	\$ 144.62
OUTPATIENT VISITS	1	1	24.38	24.38	.083	24.38	2.03
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.083	24.38	2.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	98.13	49.07	.167	49.07	8.18
HOSPITAL VISITS	2	2	98.13	49.07	.167	49.07	8.18
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,238.09	1238.09	.083	1238.09	103.17
PRINCIPAL SURGEON	1	1	1,215.91	1215.91	.083	1215.91	101.33
ASSISTANT SURGEON	0	0	22.18	.00	.000	.00	1.85
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	67.26	33.63	.167	67.26	5.61
PRINCIPAL SURGEON	1	2	67.26	33.63	.167	67.26	5.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	45.76	45.76	.083	45.76	3.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	261.80	261.80	.083	261.80	21.82
@PHARMACY	3	21	\$ 3,560.03	\$ 169.53	1.750	\$ 1186.68	\$ 296.67
PRESCRIPTION DRUGS	3	21	3,560.03	169.53	1.750	1186.68	296.67
SNF/ICF	2	17	3,314.23	194.95	1.417	1657.12	276.19
OUTPATIENTS	1	4	245.80	61.45	.333	245.80	20.48
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4	\$ 76.93	\$ 19.23	.333	\$ 38.47	\$ 6.41
VISITS - DIAGNOSTIC	2	3	76.93	25.64	.250	38.47	6.41
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.083	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,326
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	12	\$ 2,340.94	\$ 195.08	1.000	\$ 468.19	\$ 195.08
HOSP INPATIENT TOTAL	2	3	2,000.13	666.71	.250	1000.07	166.68
HSC HOSPITALS	1	1	.00	.00	.083	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	2,000.13	1000.07	.167	2000.13	166.68
ACCOMMODATIONS	1	2	507.50	253.75	.167	507.50	42.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	507.50	253.75	.167	507.50	42.29
ANCILLARIES	1	0	1,492.63	.00	.000	1492.63	124.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	9	340.81	37.87	.750	113.60	28.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	4.50	.00	.000	.00	.38
PATHOLOGY	2	2	56.47	28.24	.167	28.24	4.71
RADIOLOGY	1	1	49.10	49.10	.083	49.10	4.09
ROOM USE	2	2	185.58	92.79	.167	92.79	15.47
CROSSOVERS/ALL OTH OUTPTNT	2	4	45.16	11.29	.333	22.58	3.76
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,327
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	12	\$ 2,340.94	\$ 195.08	1.000 \$ 468.19 \$ 195.08
COMM HOSP INPATIENT TOTAL	2	3	2,000.13	666.71	.250 1000.07 166.68
HSC HOSPITALS	1	1	.00	.00	.083 .00 .00
NON-HSC HOSPITALS TOTAL	1	2	2,000.13	1000.07	.167 2000.13 166.68
ACCOMMODATIONS	1	2	507.50	253.75	.167 507.50 42.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	1	2	507.50	253.75	.167 507.50 42.29
ANCILLARIES	1	0	1,492.63	.00	.000 1492.63 124.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	3	9	340.81	37.87	.750 113.60 28.40
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	4.50	.00	.000 .00 .38
PATHOLOGY	2	2	56.47	28.24	.167 28.24 4.71
RADIOLOGY	1	1	49.10	49.10	.083 49.10 4.09
ROOM USE	2	2	185.58	92.79	.167 92.79 15.47
CROSSOVERS/ALL OTH OUTPTNT	2	4	45.16	11.29	.333 22.58 3.76
@STATE HOSPITAL	0	0	.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	1	1	\$ 115.21	\$ 115.21	.083 \$ 115.21 \$ 9.60
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	1	1	115.21	115.21	.083 115.21 9.60
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$	25.05	\$ 8.35	.250	\$ 12.53	\$ 2.09
PATHOLOGY	2	3		25.05	8.35	.250	12.53	2.09
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	178.11	\$ 178.11	.083	\$ 178.11	\$ 14.84
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		178.11	178.11	.083	178.11	14.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,328
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	10	\$ 942.88	\$ 94.29	.833	\$ 471.44	\$ 78.57
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	10	942.88	94.29	.833	471.44	78.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,329
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

PAGE 9,330
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,331
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,332
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,333
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

475 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	401	2,682	\$ 224,560.42	\$ 83.73	5.646	\$ 560.00	\$ 472.76
@PHYSICIANS SERVICES	244	721	\$ 57,509.18	\$ 79.76	1.518	\$ 235.69	\$ 121.07
OUTPATIENT VISITS	124	191	11,955.44	62.59	.402	96.41	25.17
OFFICE VISITS	44	56	2,315.75	41.35	.118	52.63	4.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,535.92	51.20	.063	64.00	3.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	99	7,973.33	80.54	.208	117.25	16.79
OTHER OUTPATIENT	5	6	130.44	21.74	.013	26.09	.27
INPATIENT VISITS	32	70	3,005.97	42.94	.147	93.94	6.33
HOSPITAL VISITS	32	71	3,005.97	42.34	.149	93.94	6.33
CRITICAL CARE	0	1CR	.00	.00	.002CR	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	50	219	31,139.40	142.19	.461	622.79	65.56
PRINCIPAL SURGEON	30	31	25,560.91	824.55	.065	852.03	53.81
ASSISTANT SURGEON	6	6	1,141.18	190.20	.013	190.20	2.40
ANESTHESIOLOGIST	22	182	4,437.31	24.38	.383	201.70	9.34
OUTPATIENT SURGERY	25	34	2,451.29	72.10	.072	98.05	5.16
PRINCIPAL SURGEON	23	29	2,202.51	75.95	.061	95.76	4.64
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.23
ANESTHESIOLOGIST	4	4	141.56	35.39	.008	35.39	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	49	874.01	17.84	.103	26.49	1.84
RADIOLOGY	85	100	5,582.60	55.83	.211	65.68	11.75
PSYCHIATRY	2	2	65.96	32.98	.004	32.98	.14
IMMUNIZATION AND INJECTION	11	22	730.19	33.19	.046	66.38	1.54
OTHER SERVICES/ALL X-OVERS	15	34	1,704.32	50.13	.072	113.62	3.59
@PHARMACY	125	278	\$ 13,816.80	\$ 49.70	.585	\$ 110.53	\$ 29.09
PRESCRIPTION DRUGS	124	253	11,716.30	46.31	.533	94.49	24.67
SNF/ICF	2	17	3,314.23	194.95	.036	1657.12	6.98
OUTPATIENTS	122	236	8,402.07	35.60	.497	68.87	17.69
MEDICAL SUPPLIES	9	25	2,100.50	84.02	.053	233.39	4.42
@DENTIST	20	69	\$ 1,732.93	\$ 25.11	.145	\$ 86.65	\$ 3.65
VISITS - DIAGNOSTIC	19	53	798.93	15.07	.112	42.05	1.68
ORAL SURGERY	1	3	135.00	45.00	.006	135.00	.28
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.45
RESTORATIVE DENTISTRY	4	12	584.00	48.67	.025	146.00	1.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

PLACER COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

475 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	4	13	\$ 311.09	\$ 23.93	.027	\$	77.77	\$.65
DIAGNOSTIC AND ANC. PROCED	4	4	182.54	45.64	.008		45.64	.38
EYE APPLIANCES	3	9	128.55	14.28	.019		42.85	.27
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	3	6	\$ 312.23	\$ 52.04	.013	\$	104.08	\$.66
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	3	9	\$ 1,413.28	\$ 157.03	.019	\$	471.09	\$ 2.98
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	142	950	\$ 118,822.16	\$ 125.08	2.000	\$	836.78	\$ 250.15
HOSP INPATIENT TOTAL	35	108	106,143.54	982.81	.227		3032.67	223.46
HSC HOSPITALS	18	40	43,026.28	1075.66	.084		2390.35	90.58
NON-HSC HOSPITAL TOTAL	17	68	63,117.26	928.20	.143		3712.78	132.88
ACCOMMODATIONS	17	68	27,453.61	403.73	.143		1614.92	57.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	17	68	27,453.61	403.73	.143		1614.92	57.80
ANCILLARIES	17	0	35,663.65	.00	.000		2097.86	75.08
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	121	842	12,678.62	15.06	1.773	104.78	26.69
MEDICAL	7	10	183.02	18.30	.021	26.15	.39
SURGERY	12	26	816.30	31.40	.055	68.03	1.72
PATHOLOGY	73	366	3,990.22	10.90	.771	54.66	8.40
RADIOLOGY	14	15	876.88	58.46	.032	62.63	1.85
ROOM USE	62	103	3,666.96	35.60	.217	59.14	7.72
CROSSOVERS/ALL OTH OUTPTNT	46	322	3,145.24	9.77	.678	68.37	6.62
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,335
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

475 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	142	950	\$ 118,822.16	\$ 125.08	2.000	\$ 836.78	\$ 250.15
COMM HOSP INPATIENT TOTAL	35	108	106,143.54	982.81	.227	3032.67	223.46
HSC HOSPITALS	18	40	43,026.28	1075.66	.084	2390.35	90.58
NON-HSC HOSPITALS TOTAL	17	68	63,117.26	928.20	.143	3712.78	132.88
ACCOMMODATIONS	17	68	27,453.61	403.73	.143	1614.92	57.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	68	27,453.61	403.73	.143	1614.92	57.80
ANCILLARIES	17	0	35,663.65	.00	.000	2097.86	75.08
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	121	842	12,678.62	15.06	1.773	104.78	26.69
MEDICAL	7	10	183.02	18.30	.021	26.15	.39
SURGERY	12	26	816.30	31.40	.055	68.03	1.72
PATHOLOGY	73	366	3,990.22	10.90	.771	54.66	8.40
RADIOLOGY	14	15	876.88	58.46	.032	62.63	1.85
ROOM USE	62	103	3,666.96	35.60	.217	59.14	7.72
CROSSOVERS/ALL OTH OUTPTNT	46	322	3,145.24	9.77	.678	68.37	6.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	1	\$ 115.21	\$ 115.21	.002	\$ 115.21	\$.24
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	1		115.21	115.21	.002	115.21	.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	94	200	\$	3,160.07	\$ 15.80	.421	\$ 33.62	\$ 6.65
PATHOLOGY	94	200		3,160.07	15.80	.421	33.62	6.65
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	77	362	\$	23,275.90	\$ 64.30	.762	\$ 302.28	\$ 49.00
CLINIC	44	288		8,903.76	30.92	.606	202.36	18.74
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	35	74		14,372.14	194.22	.156	410.63	30.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,336	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
PLACER COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS							

475 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	40	73	\$ 4,091.57	\$ 56.05	.154	\$ 102.29	\$ 8.61
DURABLE MED. EQUIP.	1	1	96.98	96.98	.002	96.98	.20
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	22	326.25	14.83	.046	108.75	.69
AMBULANCES/AIR TRANS	3	22	326.25	14.83	.046	108.75	.69
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	30	30	2,636.00	87.87	.063	87.87	5.55
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	10	89.46	8.95	.021	22.37	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	10	942.88	94.29	.021	471.44	1.99
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,337
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 PLACER COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

22,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17,982	603,417	\$ 24,238,401.26	\$ 40.17	26.862	\$ 1347.93	\$ 1078.99
@PHYSICIANS SERVICES	2,494	5,741	\$ 117,815.42	\$ 20.52	.256	\$ 47.24	\$ 5.24
OUTPATIENT VISITS	237	322	10,938.02	33.97	.014	46.15	.49
OFFICE VISITS	217	296	9,352.30	31.60	.013	43.10	.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	22	1,488.14	67.64	.001	70.86	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	97.58	24.40	.000	24.40	.00
INPATIENT VISITS	29	77	3,405.65	44.23	.003	117.44	.15
HOSPITAL VISITS	20	65	3,005.21	46.23	.003	150.26	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	12	400.44	33.37	.001	44.49	.02
OPHTHALMOLOGICAL SERVICES	20	23	949.00	41.26	.001	47.45	.04
EXAMINATIONS	20	23	949.00	41.26	.001	47.45	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	82	6,621.69	80.75	.004	601.97	.29
PRINCIPAL SURGEON	6	7	4,517.13	645.30	.000	752.86	.20
ASSISTANT SURGEON	1	1	297.84	297.84	.000	297.84	.01
ANESTHESIOLOGIST	6	74	1,806.72	24.42	.003	301.12	.08
OUTPATIENT SURGERY	34	78	10,090.82	129.37	.003	296.79	.45
PRINCIPAL SURGEON	26	29	8,672.61	299.06	.001	333.56	.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	49	1,418.21	28.94	.002	128.93	.06
DIALYSIS	1	1	225.04	225.04	.000	225.04	.01
PATHOLOGY	33	42	659.21	15.70	.002	19.98	.03
RADIOLOGY	99	168	7,889.73	46.96	.007	79.69	.35
PSYCHIATRY	2	4	145.72	36.43	.000	72.86	.01
IMMUNIZATION AND INJECTION	20	39	280.82	7.20	.002	14.04	.01
OTHER SERVICES/ALL X-OVERS	2,205	4,905	76,609.72	15.62	.218	34.74	3.41
@PHARMACY	15,204	161,172	\$ 3,558,642.98	\$ 22.08	7.175	\$ 234.06	\$ 158.42
PRESCRIPTION DRUGS	15,063	67,583	3,451,552.70	51.07	3.009	229.14	153.65
SNF/ICF	5,422	30,384	1,340,255.37	44.11	1.353	247.19	59.66
OUTPATIENTS	9,887	37,199	2,111,297.33	56.76	1.656	213.54	93.99
MEDICAL SUPPLIES	1,234	93,589	107,090.28	1.14	4.166	86.78	4.77
@DENTIST	1,268	3,868	\$ 175,624.15	\$ 45.40	.172	\$ 138.50	\$ 7.82
VISITS - DIAGNOSTIC	940	2,488	40,104.54	16.12	.111	42.66	1.79
ORAL SURGERY	121	299	14,167.36	47.38	.013	117.09	.63
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	4	400.00	100.00	.000	133.33	.02
PERIODONTICS	27	34	4,010.00	117.94	.002	148.52	.18
ENDODONTICS	35	53	10,310.00	194.53	.002	294.57	.46
RESTORATIVE DENTISTRY	205	423	37,404.00	88.43	.019	182.46	1.67
PROSTHETICS	12	13	290.00	22.31	.001	24.17	.01
DENTURES, STAYPLATES	216	532	68,863.25	129.44	.024	318.81	3.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	19	22	75.00	3.41	.001	3.95	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,338
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

22,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	388	972	\$ 20,637.46	\$ 21.23	.043	\$ 53.19	\$.92
DIAGNOSTIC AND ANC. PROCED	95	94	4,352.93	46.31	.004	45.82	.19
EYE APPLIANCES	264	728	13,572.07	18.64	.032	51.41	.60
OTHER OPTOMETRIC SERVICES	99	150	2,712.46	18.08	.007	27.40	.12
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	739	879	\$ 9,811.51	\$ 11.16	.039	\$ 13.28	\$.44
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	738	878	9,760.51	11.12	.039	13.23	.43
@HOME HEALTH AGENCY	7	53	\$ 3,620.47	\$ 68.31	.002	\$ 517.21	\$.16
NURSE ANESTHESIST	7	66	\$ 302.97	\$ 4.59	.003	\$ 43.28	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$.00
@TOTAL HOSPITAL	717	4,577	\$ 397,631.50	\$ 86.88	.204	\$ 554.58	\$ 17.70
HOSP INPATIENT TOTAL	163	844	322,253.34	381.82	.038	1977.01	14.35
HSC HOSPITALS	36	165	165,831.12	1005.04	.007	4606.42	7.38
NON-HSC HOSPITAL TOTAL	10	42	70,155.60	1670.37	.002	7015.56	3.12
ACCOMMODATIONS	10	42	21,383.65	509.13	.002	2138.37	.95
ADMINISTRATIVE DAYS	2	6	1,327.70	221.28	.000	663.85	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	36	20,055.95	557.11	.002	2506.99	.89
ANCILLARIES	10	0	48,771.95	.00	.000	4877.20	2.17
INPATIENT CROSSOVERS	119	637	86,266.62	135.43	.028	724.93	3.84
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	568	3,733	75,378.16	20.19	.166	132.71	3.36
MEDICAL	15	20	645.68	32.28	.001	43.05	.03
SURGERY	11	10	860.06	86.01	.000	78.19	.04
PATHOLOGY	24	92	1,065.84	11.59	.004	44.41	.05
RADIOLOGY	15	29	2,482.74	85.61	.001	165.52	.11
ROOM USE	29	30	1,781.61	59.39	.001	61.43	.08
CROSSOVERS/ALL OTH OUTPTNT	523	3,552	68,542.23	19.30	.158	131.06	3.05
@COUNTY HOSPITAL TOTAL	7	11	\$ 292.49	\$ 26.59	.000	\$ 41.78	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	7	11	292.49	26.59	.000	41.78	.01
MEDICAL	1	1	10.25	10.25	.000	10.25	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	18.48	18.48	.000	18.48	.00
ROOM USE	1	1	25.39	25.39	.000	25.39	.00
CROSSOVERS/ALL OTH OUTPTNT	6	8	238.37	29.80	.000	39.73	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,339
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	22,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	710		4,566 \$	397,339.01	\$ 87.02	.203	\$ 559.63	\$ 17.69
COMM HOSP INPATIENT TOTAL	163		844	322,253.34	381.82	.038	1977.01	14.35
HSC HOSPITALS	36		165	165,831.12	1005.04	.007	4606.42	7.38
NON-HSC HOSPITALS TOTAL	10		42	70,155.60	1670.37	.002	7015.56	3.12
ACCOMMODATIONS	10		42	21,383.65	509.13	.002	2138.37	.95
ADMINISTRATIVE DAYS	2		6	1,327.70	221.28	.000	663.85	.06
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8		36	20,055.95	557.11	.002	2506.99	.89
ANCILLARIES	10		0	48,771.95	.00	.000	4877.20	2.17
INPATIENT CROSSOVERS	119		637	86,266.62	135.43	.028	724.93	3.84
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	561		3,722	75,085.67	20.17	.166	133.84	3.34
MEDICAL	14		19	635.43	33.44	.001	45.39	.03
SURGERY	11		10	860.06	86.01	.000	78.19	.04
PATHOLOGY	24		92	1,065.84	11.59	.004	44.41	.05
RADIOLOGY	14		28	2,464.26	88.01	.001	176.02	.11
ROOM USE	28		29	1,756.22	60.56	.001	62.72	.08
CROSSOVERS/ALL OTH OUTPTNT	517		3,544	68,303.86	19.27	.158	132.12	3.04
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6,492	209,614	\$ 19,040,064.80	\$ 90.83	9.331	\$ 2932.85	\$ 847.58
LEV A-INTERMEDIATE	412	13,573	618,395.83	45.56	.604	1500.96	27.53
LEV B-REHAB MD	25	735	70,183.65	95.49	.033	2807.35	3.12
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	722	322,382.94	446.51	.032	29307.54	14.35
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,055	194,584	18,029,102.38	92.65	8.662	2977.56	802.58
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	73	295	\$ 56,983.05	\$ 193.16	.013	\$ 780.59	\$ 2.54
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	73	295	56,983.05	193.16	.013	780.59	2.54
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	123	514	\$ 4,795.50	\$ 9.33	.023	\$ 38.99	\$.21
PATHOLOGY	115	439	4,763.54	10.85	.020	41.42	.21
XO AND OTHERS	8	75	31.96	.43	.003	4.00	.00
@ORGANIZED OUTPATIENT CLINIC	425	663	\$ 79,101.90	\$ 119.31	.030	\$ 186.12	\$ 3.52
CLINIC	10	18	511.97	28.44	.001	51.20	.02
SURGICENTER	42	79	8,027.70	101.62	.004	191.14	.36
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	374	566	70,562.23	124.67	.025	188.67	3.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,340
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 55 ALL AGED						

	22,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,739	215,001	\$ 773,328.83	\$ 3.60	9.571	\$ 282.34	\$ 34.43	
DURABLE MED. EQUIP.	249	1,602	90,045.28	56.21	.071	361.63	4.01	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	26	45	10,951.86	243.37	.002	421.23	.49	
MEDICAL TRANSPORTATION	718	29,370	98,452.87	3.35	1.307	137.12	4.38	
AMBULANCES/AIR TRANS	31	227	3,910.50	17.23	.010	126.15	.17	
OTHER TRANS	640	28,590	90,785.52	3.18	1.273	141.85	4.04	
OTHER SERVICES	57	553	3,756.85	6.79	.025	65.91	.17	
ACUPUNCTURE	7	12	227.07	18.92	.001	32.44	.01	
ADULT DAY HEALTH CARE CTR	337	4,237	280,353.57	66.17	.189	831.91	12.48	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	86	821	45,151.33	55.00	.037	525.02	2.01	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	362	790	9,976.30	12.63	.035	27.56	.44	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	18	39	218.07	5.59	.002	12.12	.01	
PROSTHETIST/ORTHOTISTS	29	58	1,847.84	31.86	.003	63.72	.08	
PROSTHETICS	28	57	1,751.34	30.73	.003	62.55	.08	
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00	
PSYCHOLOGIST	15	15	298.46	19.90	.001	19.90	.01	
SPEECH AND AUDIOLOGY	143	230	32,089.79	139.52	.010	224.40	1.43	
HOSPICE SERVICES	47	1,216	123,480.36	101.55	.054	2627.24	5.50	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	939	176,566	80,236.03	.45	7.860	85.45	3.57
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,413	28,040	\$ 540,221.18	\$ 19.27	1.248	\$ 122.42	\$ 24.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,341
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND	

1,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	967	80,595	\$ 740,404.80	\$ 9.19	63.812	\$ 765.67	\$ 586.23
@PHYSICIANS SERVICES	281	1,012	\$ 26,757.87	\$ 26.44	.801	\$ 95.22	\$ 21.19
OUTPATIENT VISITS	115	163	6,801.07	41.72	.129	59.14	5.38
OFFICE VISITS	95	119	4,294.52	36.09	.094	45.21	3.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	23	37	2,247.35	60.74	.029	97.71	1.78
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.10
OTHER OUTPATIENT	6	6	132.89	22.15	.005	22.15	.11
INPATIENT VISITS	8	15	1,089.89	72.66	.012	136.24	.86
HOSPITAL VISITS	6	13	990.29	76.18	.010	165.05	.78
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.002	49.80	.08
OPHTHALMOLOGICAL SERVICES	8	8	323.74	40.47	.006	40.47	.26
EXAMINATIONS	8	8	323.74	40.47	.006	40.47	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	18	44	4,761.33	108.21	.035	264.52	3.77
PRINCIPAL SURGEON	12	13	3,597.38	276.72	.010	299.78	2.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	31	1,163.95	37.55	.025	129.33	.92
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	19	448.11	23.58	.015	37.34	.35
RADIOLOGY	49	83	7,387.28	89.00	.066	150.76	5.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	28.14	14.07	.002	14.07	.02
OTHER SERVICES/ALL X-OVERS	140	678	5,918.31	8.73	.537	42.27	4.69
@PHARMACY	779	17,344	\$ 232,457.19	\$ 13.40	13.732	\$ 298.40	\$ 184.05
PRESCRIPTION DRUGS	760	3,057	194,886.24	63.75	2.420	256.43	154.30
SNF/ICF	51	383	17,722.84	46.27	.303	347.51	14.03
OUTPATIENTS	714	2,674	177,163.40	66.25	2.117	248.13	140.27
MEDICAL SUPPLIES	145	14,287	37,570.95	2.63	11.312	259.11	29.75
@DENTIST	65	249	\$ 15,531.35	\$ 62.37	.197	\$ 238.94	\$ 12.30
VISITS - DIAGNOSTIC	37	110	1,984.35	18.04	.087	53.63	1.57
ORAL SURGERY	9	50	2,107.00	42.14	.040	234.11	1.67
DRUGS	1	1	25.00	25.00	.001	25.00	.02
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	3	3	310.00	103.33	.002	103.33	.25
ENDODONTICS	7	10	2,515.00	251.50	.008	359.29	1.99
RESTORATIVE DENTISTRY	22	57	5,310.00	93.16	.045	241.36	4.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	15	3,280.00	218.67	.012	364.44	2.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.002	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

1,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23	53	\$ 2,132.16	\$ 40.23	.042	\$ 92.70	\$ 1.69
DIAGNOSTIC AND ANC. PROCED	7	7	389.82	55.69	.006	55.69	.31
EYE APPLIANCES	18	46	1,720.04	37.39	.036	95.56	1.36
OTHER OPTOMETRIC SERVICES	1	0	22.30	.00	.000	22.30	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	12	\$ 124.53	\$ 10.38	.010	\$ 11.32	\$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	12	124.53	10.38	.010	11.32	.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	111	810	\$ 56,243.28	\$ 69.44	.641	\$ 506.70	\$ 44.53
HOSP INPATIENT TOTAL	18	120	41,629.55	346.91	.095	2312.75	32.96
HSC HOSPITALS	4	19	18,157.38	955.65	.015	4539.35	14.38
NON-HSC HOSPITAL TOTAL	2	5	9,295.02	1859.00	.004	4647.51	7.36
ACCOMMODATIONS	2	5	3,076.55	615.31	.004	1538.28	2.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,076.55	615.31	.004	1538.28	2.44
ANCILLARIES	2	0	6,218.47	.00	.000	3109.24	4.92
INPATIENT CROSSOVERS	12	96	14,177.15	147.68	.076	1181.43	11.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	97	690	14,613.73	21.18	.546	150.66	11.57
MEDICAL	14	30	518.83	17.29	.024	37.06	.41
SURGERY	7	11	358.89	32.63	.009	51.27	.28
PATHOLOGY	28	167	1,549.97	9.28	.132	55.36	1.23
RADIOLOGY	20	38	2,860.20	75.27	.030	143.01	2.26
ROOM USE	39	62	2,446.45	39.46	.049	62.73	1.94
CROSSOVERS/ALL OTH OUTPTNT	59	382	6,879.39	18.01	.302	116.60	5.45
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

	1,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111		810	\$ 56,243.28	\$ 69.44	.641	\$ 506.70	\$ 44.53
COMM HOSP INPATIENT TOTAL	18		120	41,629.55	346.91	.095	2312.75	32.96
HSC HOSPITALS	4		19	18,157.38	955.65	.015	4539.35	14.38
NON-HSC HOSPITALS TOTAL	2		5	9,295.02	1859.00	.004	4647.51	7.36
ACCOMMODATIONS	2		5	3,076.55	615.31	.004	1538.28	2.44
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2		5	3,076.55	615.31	.004	1538.28	2.44
ANCILLARIES	2		0	6,218.47	.00	.000	3109.24	4.92
INPATIENT CROSSOVERS	12		96	14,177.15	147.68	.076	1181.43	11.22
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	97		690	14,613.73	21.18	.546	150.66	11.57
MEDICAL	14		30	518.83	17.29	.024	37.06	.41
SURGERY	7		11	358.89	32.63	.009	51.27	.28
PATHOLOGY	28		167	1,549.97	9.28	.132	55.36	1.23
RADIOLOGY	20		38	2,860.20	75.27	.030	143.01	2.26
ROOM USE	39		62	2,446.45	39.46	.049	62.73	1.94
CROSSOVERS/ALL OTH OUTPTNT	59		382	6,879.39	18.01	.302	116.60	5.45
@STATE HOSPITAL	0		0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	53		1,327	\$ 146,265.88	\$ 110.22	1.051	\$ 2759.73	\$ 115.81
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	53		1,327	146,265.88	110.22	1.051	2759.73	115.81
@INTERMEDIATE CARE FACIL.-DD	12		359	\$ 58,938.76	\$ 164.17	.284	\$ 4911.56	\$ 46.67
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12		359	58,938.76	164.17	.284	4911.56	46.67
@HEMODIALYSIS TOTAL	38		95	\$ 26,213.35	\$ 275.93	.075	\$ 689.83	\$ 20.75
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	38		95	26,213.35	275.93	.075	689.83	20.75
@REHABILITATION FACILITY	2		5	\$ 145.67	\$ 29.13	.004	\$ 72.84	\$.12
HOSPITAL BASED	0		0	20.72	.00	.000	.00	.02

INDEPENDENT FACILITY	2	5		124.95		24.99	.004	62.48	.10
@LABORATORY FACILITY	44	142	\$	1,704.66	\$	12.00	.112	\$ 38.74	\$ 1.35
PATHOLOGY	44	142		1,704.66		12.00	.112	38.74	1.35
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	118	257	\$	29,460.24	\$	114.63	.203	\$ 249.66	\$ 23.33
CLINIC	19	44		2,391.65		54.36	.035	125.88	1.89
SURGICENTER	13	55		2,862.19		52.04	.044	220.17	2.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	87	158		24,206.40		153.21	.125	278.23	19.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,344
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND								

1,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	231	58,930	\$ 144,429.86	\$ 2.45	46.659	\$ 625.24	\$ 114.35
DURABLE MED. EQUIP.	24	133	23,461.51	176.40	.105	977.56	18.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	78	16,754	47,724.99	2.85	13.265	611.86	37.79
AMBULANCES/AIR TRANS	9	63	2,139.85	33.97	.050	237.76	1.69
OTHER TRANS	68	16,664	45,475.70	2.73	13.194	668.76	36.01
OTHER SERVICES	2	27	109.44	4.05	.021	54.72	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	364	24,336.27	66.86	.288	973.45	19.27
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	12	129	7,529.00	58.36	.102	627.42	5.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	30	355.15	11.84	.024	25.37	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	16	1,823.07	113.94	.013	455.77	1.44

PROSTHETICS	4	16	1,823.07	113.94	.013	455.77	1.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	22	81	4,308.28	53.19	.064	195.83	3.41
HOSPICE SERVICES	2	48	5,173.00	107.77	.038	2586.50	4.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	44	9,324	24,550.49	2.63	7.382	557.97	19.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	53	32,049	5,038.10	.16	25.375	95.06	3.99
@CALIF. CHILDREN SERVICES*	41	1,515	\$ 48,226.53	\$ 31.83	1.200	\$ 1176.26	\$ 38.18
@XOVER EXCLUDING STATE HOSP**	183	1,397	\$ 54,848.82	\$ 39.26	1.106	\$ 299.72	\$ 43.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 PLACER COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

49,413 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37,523	1,026,488	\$ 32,544,457.76	\$ 31.70	20.774	\$ 867.32	\$ 658.62
@PHYSICIANS SERVICES	11,368	43,154	\$ 1,637,069.31	\$ 37.94	.873	\$ 144.01	\$ 33.13
OUTPATIENT VISITS	6,327	9,863	366,744.01	37.18	.200	57.96	7.42
OFFICE VISITS	4,672	6,772	222,013.27	32.78	.137	47.52	4.49
HOME VISITS	79	114	3,980.47	34.92	.002	50.39	.08
EMERGENCY ROOM	1,683	2,150	118,019.41	54.89	.044	70.12	2.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	18	36	2,337.25	64.92	.001	129.85	.05
OTHER OUTPATIENT	643	791	20,393.61	25.78	.016	31.72	.41
INPATIENT VISITS	759	4,273	198,482.42	46.45	.086	261.51	4.02
HOSPITAL VISITS	610	3,787	161,277.93	42.59	.077	264.39	3.26
CRITICAL CARE	71	258	29,665.43	114.98	.005	417.82	.60
SNF/ICF/TRANS IP CARE	157	228	7,539.06	33.07	.005	48.02	.15
OPHTHALMOLOGICAL SERVICES	124	149	6,324.84	42.45	.003	51.01	.13
EXAMINATIONS	123	147	6,261.32	42.59	.003	50.91	.13
SERVICES AND MATERIALS	2	2	63.52	31.76	.000	31.76	.00
INPATIENT HOSPITAL SURGERY	399	2,558	259,382.97	101.40	.052	650.08	5.25
PRINCIPAL SURGEON	306	583	202,275.08	346.96	.012	661.03	4.09
ASSISTANT SURGEON	56	63	13,318.56	211.41	.001	237.83	.27
ANESTHESIOLOGIST	159	1,912	43,789.33	22.90	.039	275.40	.89
OUTPATIENT SURGERY	795	1,996	162,480.26	81.40	.040	204.38	3.29
PRINCIPAL SURGEON	651	846	127,449.23	150.65	.017	195.77	2.58
ASSISTANT SURGEON	10	10	1,219.18	121.92	.000	121.92	.02
ANESTHESIOLOGIST	205	1,140	33,811.85	29.66	.023	164.94	.68
DIALYSIS	62	237	18,370.36	77.51	.005	296.30	.37
PATHOLOGY	792	1,529	29,693.95	19.42	.031	37.49	.60
RADIOLOGY	2,547	5,666	288,932.53	50.99	.115	113.44	5.85
PSYCHIATRY	119	126	4,354.25	34.56	.003	36.59	.09
IMMUNIZATION AND INJECTION	428	1,742	28,901.16	16.59	.035	67.53	.58
OTHER SERVICES/ALL X-OVERS	4,550	15,015	273,402.56	18.21	.304	60.09	5.53
@PHARMACY	31,476	314,135	\$ 13,267,593.78	\$ 42.24	6.357	\$ 421.51	\$ 268.50
PRESCRIPTION DRUGS	31,176	140,103	12,324,803.18	87.97	2.835	395.33	249.42
SNF/ICF	1,461	12,564	697,635.91	55.53	.254	477.51	14.12
OUTPATIENTS	29,962	127,539	11,627,167.27	91.17	2.581	388.06	235.31

MEDICAL SUPPLIES	2,335	174,032		942,790.60	5.42	3.522	403.76	19.08
@DENTIST	3,591	14,598	\$	673,244.86	\$ 46.12	.295	\$ 187.48	\$ 13.62
VISITS - DIAGNOSTIC	2,354	8,842		124,360.11	14.06	.179	52.83	2.52
ORAL SURGERY	458	1,259		61,192.75	48.60	.025	133.61	1.24
DRUGS	22	25		467.50	18.70	.001	21.25	.01
ANESTHESIA	17	17		1,650.00	97.06	.000	97.06	.03
PERIODONTICS	188	265		40,305.00	152.09	.005	214.39	.82
ENDODONTICS	251	357		78,411.25	219.64	.007	312.40	1.59
RESTORATIVE DENTISTRY	1,182	2,851		259,607.75	91.06	.058	219.63	5.25
PROSTHETICS	28	29		845.00	29.14	.001	30.18	.02
DENTURES, STAYPLATES	341	798		96,633.00	121.09	.016	283.38	1.96
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	8		250.00	31.25	.000	35.71	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	52	86		9,247.50	107.53	.002	177.84	.19
ALL OTHER SERVICES	53	61		275.00	4.51	.001	5.19	.01
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MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
PLACER COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED							

						----- MONTHLY AVERAGE -----		
49,413 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,170	3,162	\$	68,977.94	\$ 21.81	.064	\$ 58.96	\$ 1.40
DIAGNOSTIC AND ANC. PROCED	515	520		23,772.37	45.72	.011	46.16	.48
EYE APPLIANCES	862	2,404		39,266.76	16.33	.049	45.55	.79
OTHER OPTOMETRIC SERVICES	171	238		5,938.81	24.95	.005	34.73	.12
@CHIROPRACTOR	245	437	\$	7,061.51	\$ 16.16	.009	\$ 28.82	\$.14
VISITS	229	408		6,679.14	16.37	.008	29.17	.14
OTHER SERVICES	16	29		382.37	13.19	.001	23.90	.01
@PODIATRIST	515	1,043	\$	15,643.81	\$ 15.00	.021	\$ 30.38	\$.32
MEDICINE/INJECTIONS	117	132		3,423.44	25.94	.003	29.26	.07
SURGERY/ANES.	14	18		1,014.95	56.39	.000	72.50	.02
RADIO./PATHOLOGY	6	6		103.80	17.30	.000	17.30	.00
OTHER	395	887		11,101.62	12.52	.018	28.11	.22
@HOME HEALTH AGENCY	288	19,110	\$	659,260.21	\$ 34.50	.387	\$ 2289.10	\$ 13.34
NURSE ANESTHESIST	11	159	\$	696.71	\$ 4.38	.003	\$ 63.34	\$.01
NURSE MIDWIFE	2	3	\$	665.24	\$ 221.75	.000	\$ 332.62	\$.01
PEDIATRIC NURSE PRACTITIONER	1	2	\$	56.03	\$ 28.02	.000	\$ 56.03	\$.00
FAMILY NURSE PRACTITIONER	26	43	\$	1,062.55	\$ 24.71	.001	\$ 40.87	\$.02
@TOTAL HOSPITAL	5,466	38,657	\$	6,680,874.66	\$ 172.82	.782	\$ 1222.26	\$ 135.20
HOSP INPATIENT TOTAL	761	5,615		5,798,223.00	1032.63	.114	7619.22	117.34
HSC HOSPITALS	367	2,787		3,098,739.38	1111.85	.056	8443.43	62.71
NON-HSC HOSPITAL TOTAL	211	1,442		2,519,370.13	1747.14	.029	11940.14	50.99
ACCOMMODATIONS	211	1,442		838,942.38	581.79	.029	3976.03	16.98
ADMINISTRATIVE DAYS	31	362		82,048.81	226.65	.007	2646.74	1.66
TRANSITIONAL IP CARE	0	0		25.17	.00	.000	.00	.00
ALL OTHER ACCOM	186	1,080		756,868.40	700.80	.022	4069.18	15.32
ANCILLARIES	211	0		1,680,427.75	.00	.000	7964.11	34.01
INPATIENT CROSSOVERS	208	1,386		180,113.49	129.95	.028	865.93	3.65
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,979	33,042		882,651.66	26.71	.669	177.27	17.86
MEDICAL	905	1,404		62,563.64	44.56	.028	69.13	1.27
SURGERY	395	430		47,064.76	109.45	.009	119.15	.95
PATHOLOGY	1,810	10,303		98,616.99	9.57	.209	54.48	2.00
RADIOLOGY	1,234	1,996		175,568.25	87.96	.040	142.28	3.55
ROOM USE	2,665	4,003		165,014.42	41.22	.081	61.92	3.34

CROSSEOVERS/ALL OTH OUTPTNT	2,763	14,906		333,823.60	22.40	.302	120.82	6.76	
@COUNTY HOSPITAL TOTAL	52	352	\$	172,918.22	\$ 491.24	.007	\$ 3325.35	\$ 3.50	
CO HOSPITAL INPATIENT TOTAL	6	148		166,633.48	1125.90	.003	27772.25	3.37	
HSC HOSPITALS	6	148		166,633.48	1125.90	.003	27772.25	3.37	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	47	204		6,284.74	30.81	.004	133.72	.13	
MEDICAL	19	23		949.72	41.29	.000	49.99	.02	
SURGERY	2	4		633.41	158.35	.000	316.71	.01	
PATHOLOGY	21	91		1,288.76	14.16	.002	61.37	.03	
RADIOLOGY	2	3		254.47	84.82	.000	127.24	.01	
ROOM USE	34	48		1,889.17	39.36	.001	55.56	.04	
CROSSEOVERS/ALL OTH OUTPTNT	11	35		1,269.21	36.26	.001	115.38	.03	
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PLACER COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

		----- MONTHLY AVERAGE -----						
49,413 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,422	38,305	\$ 6,507,956.44	\$ 169.90	.775	\$ 1200.29	\$ 131.71	
COMM HOSP INPATIENT TOTAL	755	5,467	5,631,589.52	1030.11	.111	7459.06	113.97	
HSC HOSPITALS	361	2,639	2,932,105.90	1111.07	.053	8122.18	59.34	
NON-HSC HOSPITALS TOTAL	211	1,442	2,519,370.13	1747.14	.029	11940.14	50.99	
ACCOMMODATIONS	211	1,442	838,942.38	581.79	.029	3976.03	16.98	
ADMINISTRATIVE DAYS	31	362	82,048.81	226.65	.007	2646.74	1.66	
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00	.00	
ALL OTHER ACCOM	186	1,080	756,868.40	700.80	.022	4069.18	15.32	
ANCILLARIES	211	0	1,680,427.75	.00	.000	7964.11	34.01	
INPATIENT CROSSEOVERS	208	1,386	180,113.49	129.95	.028	865.93	3.65	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4,940	32,838	876,366.92	26.69	.665	177.40	17.74	
MEDICAL	888	1,381	61,613.92	44.62	.028	69.39	1.25	
SURGERY	393	426	46,431.35	108.99	.009	118.15	.94	
PATHOLOGY	1,790	10,212	97,328.23	9.53	.207	54.37	1.97	
RADIOLOGY	1,232	1,993	175,313.78	87.96	.040	142.30	3.55	
ROOM USE	2,635	3,955	163,125.25	41.25	.080	61.91	3.30	
CROSSEOVERS/ALL OTH OUTPTNT	2,752	14,871	332,554.39	22.36	.301	120.84	6.73	
@STATE HOSPITAL	12	365	\$ 160,256.90	\$ 439.06	.007	\$ 13354.74	\$ 3.24	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	12	365	160,256.90	439.06	.007	13354.74	3.24	
@NURSING FACILITY	857	25,473	\$ 2,938,776.40	\$ 115.37	.516	\$ 3429.14	\$ 59.47	
LEV A-INTERMEDIATE	63	2,182	120,375.83	55.17	.044	1910.73	2.44	
LEV B-REHAB MD	5	121	14,492.20	119.77	.002	2898.44	.29	
LEV B-SUBACUTE FREESTANDING	2	30	9,841.50	328.05	.001	4920.75	.20	
LEV B-SUBACUTE HSPTL BASED	12	515	255,966.90	497.02	.010	21330.58	5.18	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	779	22,625	2,538,099.97	112.18	.458	3258.15	51.37	
@INTERMEDIATE CARE FACIL.-DD	499	15,278	\$ 2,366,494.93	\$ 154.90	.309	\$ 4742.47	\$ 47.89	
ICF DDH	217	6,662	922,054.99	138.41	.135	4249.10	18.66	
ICF DD	6	182	23,452.52	128.86	.004	3908.75	.47	

ICF DDN/DDCN	276	8,434		1,420,987.42		168.48	.171	5148.51	28.76
@HEMODIALYSIS TOTAL	256	5,184	\$	304,169.24	\$	58.67	.105	\$ 1188.16	\$ 6.16
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	256	5,184		304,169.24		58.67	.105	1188.16	6.16
@REHABILITATION FACILITY	33	138	\$	3,697.97	\$	26.80	.003	\$ 112.06	\$.07
HOSPITAL BASED	29	120		3,232.25		26.94	.002	111.46	.07
INDEPENDENT FACILITY	4	18		465.72		25.87	.000	116.43	.01
@LABORATORY FACILITY	2,739	11,969	\$	150,339.50	\$	12.56	.242	\$ 54.89	\$ 3.04
PATHOLOGY	2,723	11,952		150,189.14		12.57	.242	55.16	3.04
XO AND OTHERS	16	17		150.36		8.84	.000	9.40	.00
@ORGANIZED OUTPATIENT CLINIC	4,288	7,572	\$	1,154,888.63	\$	152.52	.153	\$ 269.33	\$ 23.37
CLINIC	295	703		16,724.72		23.79	.014	56.69	.34
SURGICENTER	114	490		22,700.27		46.33	.010	199.13	.46
HEROIN DETOX CLINIC	3	56		657.91		11.75	.001	219.30	.01
RURAL HEALTH CLINIC	3,915	6,323		1,114,805.73		176.31	.128	284.75	22.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,348
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

						----- MONTHLY AVERAGE -----		
49,413 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,812	526,006	\$ 2,453,627.58	\$ 4.66	10.645	\$ 360.19	\$ 49.66	
DURABLE MED. EQUIP.	838	3,114	546,947.31	175.64	.063	652.68	11.07	
BLOOD BANK	3	30	454.00	15.13	.001	151.33	.01	
HEARING AID DISPENSERS	18	22	6,563.69	298.35	.000	364.65	.13	
MEDICAL TRANSPORTATION	1,262	76,125	316,104.52	4.15	1.541	250.48	6.40	
AMBULANCES/AIR TRANS	580	7,345	107,192.56	14.59	.149	184.81	2.17	
OTHER TRANS	646	67,813	193,352.20	2.85	1.372	299.31	3.91	
OTHER SERVICES	74	967	15,559.76	16.09	.020	210.27	.31	
ACUPUNCTURE	25	54	931.30	17.25	.001	37.25	.02	
ADULT DAY HEALTH CARE CTR	629	10,183	679,087.96	66.69	.206	1079.63	13.74	
GENETIC DISEASE TESTING	7	7	622.00	88.86	.000	88.86	.01	
IHMC, MODEL-NF, NF, AIDS, MSSP	180	6,029	231,722.33	38.43	.122	1287.35	4.69	
OCCUPATIONAL THERAPIST	23	296	1,973.98	6.67	.006	85.83	.04	
OPTICIAN	1,013	2,299	28,016.78	12.19	.047	27.66	.57	
PHYSICAL THERAPIST	31	360	4,365.64	12.13	.007	140.83	.09	
PORTABLE X-RAY	8	11	187.94	17.09	.000	23.49	.00	
PROSTHETIST/ORTHOTISTS	185	472	44,381.80	94.03	.010	239.90	.90	
PROSTHETICS	176	460	43,835.63	95.29	.009	249.07	.89	
ORTHOTICS	9	12	546.17	45.51	.000	60.69	.01	
PSYCHOLOGIST	11	19	668.86	35.20	.000	60.81	.01	
SPEECH AND AUDIOLOGY	1,093	4,387	178,497.53	40.69	.089	163.31	3.61	
HOSPICE SERVICES	30	730	96,466.24	132.15	.015	3215.54	1.95	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	534	40,240	119,506.16	2.97	.814	223.79	2.42	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,692	381,628	197,129.54	.52	7.723	116.51	3.99	
@CALIF. CHILDREN SERVICES*	654	16,929	\$ 976,586.08	\$ 57.69	.343	\$ 1493.25	\$ 19.76	
@XOVER EXCLUDING STATE HOSP**	5,357	58,780	\$ 755,242.34	\$ 12.85	1.190	\$ 140.98	\$ 15.28	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

107,892 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	47,806	245,411	\$ 12,747,906.48	\$ 51.95	2.275	\$ 266.66	\$ 118.15
@PHYSICIANS SERVICES	22,926	51,946	\$ 2,230,245.57	\$ 42.93	.481	\$ 97.28	\$ 20.67
OUTPATIENT VISITS	18,767	26,000	925,423.93	35.59	.241	49.31	8.58
OFFICE VISITS	13,603	17,781	557,865.90	31.37	.165	41.01	5.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,272	4,938	219,869.27	44.53	.046	51.47	2.04
PREVENTIVE CARE	17	17	713.20	41.95	.000	41.95	.01
OB VISITS/COMPRE PERI	861	1,448	104,311.32	72.04	.013	121.15	.97
OTHER OUTPATIENT	1,558	1,816	42,664.24	23.49	.017	27.38	.40
INPATIENT VISITS	668	2,069	111,837.20	54.05	.019	167.42	1.04
HOSPITAL VISITS	649	1,834	81,487.62	44.43	.017	125.56	.76
CRITICAL CARE	51	235	30,349.58	129.15	.002	595.09	.28
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	75	80	2,905.81	36.32	.001	38.74	.03
EXAMINATIONS	59	63	2,816.83	44.71	.001	47.74	.03
SERVICES AND MATERIALS	17	17	88.98	5.23	.000	5.23	.00
INPATIENT HOSPITAL SURGERY	749	3,516	446,346.50	126.95	.033	595.92	4.14
PRINCIPAL SURGEON	494	611	360,280.70	589.66	.006	729.31	3.34
ASSISTANT SURGEON	100	101	17,500.30	173.27	.001	175.00	.16
ANESTHESIOLOGIST	304	2,804	68,565.50	24.45	.026	225.54	.64
OUTPATIENT SURGERY	1,649	3,613	249,079.57	68.94	.033	151.05	2.31
PRINCIPAL SURGEON	1,368	1,651	196,672.47	119.12	.015	143.77	1.82
ASSISTANT SURGEON	19	19	1,895.47	99.76	.000	99.76	.02
ANESTHESIOLOGIST	384	1,943	50,511.63	26.00	.018	131.54	.47
DIALYSIS	4	11	856.34	77.85	.000	214.09	.01
PATHOLOGY	2,493	3,215	44,029.88	13.70	.030	17.66	.41
RADIOLOGY	4,061	6,245	277,801.71	44.48	.058	68.41	2.57
PSYCHIATRY	249	291	9,928.38	34.12	.003	39.87	.09

HOSP OUTPATIENT TOTAL	7,949	30,332	778,476.27	25.67	.281	97.93	7.22
MEDICAL	1,013	1,499	44,116.86	29.43	.014	43.55	.41
SURGERY	851	950	32,438.72	34.15	.009	38.12	.30
PATHOLOGY	2,672	10,216	106,619.71	10.44	.095	39.90	.99
RADIOLOGY	2,127	2,880	172,143.38	59.77	.027	80.93	1.60
ROOM USE	6,297	7,951	315,334.58	39.66	.074	50.08	2.92
CROSSOVERS/ALL OTH OUTPTNT	3,049	6,836	107,823.02	15.77	.063	35.36	1.00
@COUNTY HOSPITAL TOTAL	31	125	\$ 12,217.67	\$ 97.74	.001	\$ 394.12	\$.11
CO HOSPITAL INPATIENT TOTAL	2	6	6,515.00	1085.83	.000	3257.50	.06
HSC HOSPITALS	2	6	6,515.00	1085.83	.000	3257.50	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	119	5,702.67	47.92	.001	183.96	.05
MEDICAL	14	17	669.18	39.36	.000	47.80	.01
SURGERY	5	10	229.91	22.99	.000	45.98	.00
PATHOLOGY	10	28	733.26	26.19	.000	73.33	.01
RADIOLOGY	7	12	2,218.83	184.90	.000	316.98	.02
ROOM USE	20	32	1,352.23	42.26	.000	67.61	.01
CROSSOVERS/ALL OTH OUTPTNT	15	20	499.26	24.96	.000	33.28	.00
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PLACER COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
107,892 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	8,386	32,780	\$ 3,932,233.61	\$ 119.96	.304	\$ 468.90	\$ 36.45	
COMM HOSP INPATIENT TOTAL	700	2,567	3,159,460.01	1230.80	.024	4513.51	29.28	
HSC HOSPITALS	458	1,525	1,748,906.43	1146.82	.014	3818.57	16.21	
NON-HSC HOSPITALS TOTAL	240	1,008	1,405,830.78	1394.67	.009	5857.63	13.03	
ACCOMMODATIONS	240	1,008	566,158.32	561.67	.009	2358.99	5.25	
ADMINISTRATIVE DAYS	4	17	3,598.84	211.70	.000	899.71	.03	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	237	991	562,559.48	567.67	.009	2373.67	5.21	
ANCILLARIES	240	0	839,672.46	.00	.000	3498.64	7.78	
INPATIENT CROSSOVERS	5	34	3,851.80	113.29	.000	770.36	.04	
ALL OTHER INPATIENT	1	0	871.00	.00	.000	871.00	.01	
COMM HOSP OUTPATIENT TOTAL	7,923	30,213	772,773.60	25.58	.280	97.54	7.16	
MEDICAL	999	1,482	43,447.68	29.32	.014	43.49	.40	
SURGERY	846	940	32,208.81	34.26	.009	38.07	.30	
PATHOLOGY	2,663	10,188	105,886.45	10.39	.094	39.76	.98	
RADIOLOGY	2,120	2,868	169,924.55	59.25	.027	80.15	1.57	
ROOM USE	6,281	7,919	313,982.35	39.65	.073	49.99	2.91	
CROSSOVERS/ALL OTH OUTPTNT	3,035	6,816	107,323.76	15.75	.063	35.36	.99	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	5	120	\$ 11,099.23	\$ 92.49	.001	\$ 2219.85	\$.10	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	120	11,099.23	92.49	.001	2219.85	.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	138	\$ 2,604.38	\$ 18.87	.001	\$ 1302.19	\$.02
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	138	2,604.38	18.87	.001	1302.19	.02
@REHABILITATION FACILITY	11	24	\$ 1,426.33	\$ 59.43	.000	\$ 129.67	\$.01
HOSPITAL BASED	11	24	1,426.33	59.43	.000	129.67	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4,562	13,507	\$ 196,669.16	\$ 14.56	.125	\$ 43.11	\$ 1.82
PATHOLOGY	4,562	13,507	196,669.16	14.56	.125	43.11	1.82
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,075	10,763	\$ 1,224,830.93	\$ 113.80	.100	\$ 241.35	\$ 11.35
CLINIC	1,400	4,670	126,894.58	27.17	.043	90.64	1.18
SURGICENTER	132	837	27,344.13	32.67	.008	207.15	.25
HEROIN DETOX CLINIC	1	20	231.69	11.58	.000	231.69	.00
RURAL HEALTH CLINIC	3,597	5,236	1,070,360.53	204.42	.049	297.57	9.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,352
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
107,892 ELIGIBLES							
@ALL OTHER PROVIDERS	4,271	35,836	\$ 292,998.91	\$ 8.18	.332	\$ 68.60	\$ 2.72
DURABLE MED. EQUIP.	253	503	25,920.79	51.53	.005	102.45	.24
BLOOD BANK	0	0	38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	406	6,470	87,914.56	13.59	.060	216.54	.81
AMBULANCES/AIR TRANS	393	5,212	74,416.11	14.28	.048	189.35	.69
OTHER TRANS	12	1,233	2,242.36	1.82	.011	186.86	.02
OTHER SERVICES	7	25	11,256.09	450.24	.000	1608.01	.10
ACUPUNCTURE	5	12	205.45	17.12	.000	41.09	.00
ADULT DAY HEALTH CARE CTR	7	70	4,657.80	66.54	.001	665.40	.04
GENETIC DISEASE TESTING	247	249	20,710.00	83.17	.002	83.85	.19
IHMC, MODEL-NF,NF,AIDS,MSSP	2	6	918.90	153.15	.000	459.45	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,069	2,329	21,777.84	9.35	.022	20.37	.20
PHYSICAL THERAPIST	31	427	5,214.88	12.21	.004	168.22	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	99	155	11,429.07	73.74	.001	115.45	.11
PROSTHETICS	94	148	10,982.74	74.21	.001	116.84	.10
ORTHOTICS	5	7	446.33	63.76	.000	89.27	.00
PSYCHOLOGIST	15	72	2,830.06	39.31	.001	188.67	.03
SPEECH AND AUDIOLOGY	128	230	30,830.62	134.05	.002	240.86	.29
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	2,060	7,495	67,306.43	8.98	.069	32.67	.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	17,817	12,237.28	.69	.165	278.12	.11
@CALIF. CHILDREN SERVICES*	481	7,967	\$ 1,182,230.30	\$ 148.39	.074	\$ 2457.86	\$ 10.96

@XOVER EXCLUDING STATE HOSP** 100 582 \$ 12,019.87 \$ 20.65 .005 \$ 120.20 \$.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,353
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 PLACER COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

6,126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,068	55,780	\$ 1,099,375.97	\$ 19.71	9.105	\$ 358.34	\$ 179.46
@PHYSICIANS SERVICES	1,471	3,627	\$ 191,379.43	\$ 52.77	.592	\$ 130.10	\$ 31.24
OUTPATIENT VISITS	1,057	1,491	63,026.26	42.27	.243	59.63	10.29
OFFICE VISITS	670	890	30,006.34	33.71	.145	44.79	4.90
HOME VISITS	3	3	112.26	37.42	.000	37.42	.02
EMERGENCY ROOM	270	310	14,774.27	47.66	.051	54.72	2.41
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	127	203	16,006.52	78.85	.033	126.04	2.61
OTHER OUTPATIENT	71	85	2,126.87	25.02	.014	29.96	.35
INPATIENT VISITS	106	332	18,588.32	55.99	.054	175.36	3.03
HOSPITAL VISITS	104	284	12,070.87	42.50	.046	116.07	1.97
CRITICAL CARE	8	48	6,517.45	135.78	.008	814.68	1.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	378.74	47.34	.001	47.34	.06
EXAMINATIONS	8	8	378.74	47.34	.001	47.34	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	109	442	62,577.82	141.58	.072	574.11	10.22
PRINCIPAL SURGEON	74	82	52,084.37	635.18	.013	703.84	8.50
ASSISTANT SURGEON	11	11	2,073.68	188.52	.002	188.52	.34
ANESTHESIOLOGIST	41	349	8,419.77	24.13	.057	205.36	1.37
OUTPATIENT SURGERY	116	250	13,491.15	53.96	.041	116.30	2.20
PRINCIPAL SURGEON	97	117	9,952.54	85.06	.019	102.60	1.62
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.02
ANESTHESIOLOGIST	33	132	3,431.39	26.00	.022	103.98	.56
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	145	211	2,809.49	13.32	.034	19.38	.46
RADIOLOGY	331	499	20,204.37	40.49	.081	61.04	3.30
PSYCHIATRY	3	3	97.86	32.62	.000	32.62	.02
IMMUNIZATION AND INJECTION	51	126	2,129.84	16.90	.021	41.76	.35
OTHER SERVICES/ALL X-OVERS	130	265	8,075.58	30.47	.043	62.12	1.32
@PHARMACY	1,294	8,502	\$ 183,190.56	\$ 21.55	1.388	\$ 141.57	\$ 29.90
PRESCRIPTION DRUGS	1,284	3,041	174,322.56	57.32	.496	135.77	28.46
SNF/ICF	11	259	16,286.51	62.88	.042	1480.59	2.66
OUTPATIENTS	1,275	2,782	158,036.05	56.81	.454	123.95	25.80
MEDICAL SUPPLIES	54	5,461	8,868.00	1.62	.891	164.22	1.45
@DENTIST	371	1,691	\$ 59,461.27	\$ 35.16	.276	\$ 160.27	\$ 9.71
VISITS - DIAGNOSTIC	275	1,050	17,675.28	16.83	.171	64.27	2.89
ORAL SURGERY	46	107	7,781.00	72.72	.017	169.15	1.27
DRUGS	21	22	468.75	21.31	.004	22.32	.08
ANESTHESIA	6	6	400.00	66.67	.001	66.67	.07
PERIODONTICS	3	3	165.00	55.00	.000	55.00	.03
ENDODONTICS	22	54	9,230.50	170.94	.009	419.57	1.51
RESTORATIVE DENTISTRY	128	425	20,968.75	49.34	.069	163.82	3.42
PROSTHETICS	3	3	90.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	4	533.00	133.25	.001	177.67	.09

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	2	1,550.00	775.00	.000	1550.00	.25
ORTHODONTIC SERVICES	12	13	598.99	46.08	.002	49.92	.10
ALL OTHER SERVICES	1	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,354
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

6,126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	56	157	\$ 3,590.26	\$ 22.87	.026	\$ 64.11	\$.59
DIAGNOSTIC AND ANC. PROCED	41	42	1,931.26	45.98	.007	47.10	.32
EYE APPLIANCES	41	112	1,612.18	14.39	.018	39.32	.26
OTHER OPTOMETRIC SERVICES	3	3	46.82	15.61	.000	15.61	.01
@CHIROPRACTOR	10	15	\$ 250.80	\$ 16.72	.002	\$ 25.08	\$.04
VISITS	10	15	250.80	16.72	.002	25.08	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	236	\$ 9,036.91	\$ 38.29	.039	\$ 695.15	\$ 1.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	3	9	\$ 1,413.28	\$ 157.03	.001	\$ 471.09	\$.23
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	680	3,462	\$ 494,663.63	\$ 142.88	.565	\$ 727.45	\$ 80.75
HOSP INPATIENT TOTAL	94	389	426,467.98	1096.32	.063	4536.89	69.62
HSC HOSPITALS	57	213	241,467.53	1133.65	.035	4236.27	39.42
NON-HSC HOSPITAL TOTAL	38	176	185,000.45	1051.14	.029	4868.43	30.20
ACCOMMODATIONS	38	176	92,450.77	525.29	.029	2432.92	15.09

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	176	92,450.77	525.29	.029	2432.92	15.09
ANCILLARIES	38	0	92,549.68	.00	.000	2435.52	15.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	621	3,073	68,195.65	22.19	.502	109.82	11.13
MEDICAL	93	137	5,177.48	37.79	.022	55.67	.85
SURGERY	56	71	2,248.07	31.66	.012	40.14	.37
PATHOLOGY	282	1,241	14,214.96	11.45	.203	50.41	2.32
RADIOLOGY	143	195	12,161.88	62.37	.032	85.05	1.99
ROOM USE	439	590	22,929.56	38.86	.096	52.23	3.74
CROSSOVERS/ALL OTH OUTPTNT	254	839	11,463.70	13.66	.137	45.13	1.87
@COUNTY HOSPITAL TOTAL	2	12	\$ 14,905.62	\$ 1242.14	.002	\$ 7452.81	\$ 2.43
CO HOSPITAL INPATIENT TOTAL	1	11	14,872.00	1352.00	.002	14872.00	2.43
HSC HOSPITALS	1	11	14,872.00	1352.00	.002	14872.00	2.43
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.62	33.62	.000	33.62	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.62	33.62	.000	33.62	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	6,126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	678	3,450	\$	479,758.01	\$ 139.06	.563	\$ 707.61	\$ 78.32
COMM HOSP INPATIENT TOTAL	93	378		411,595.98	1088.88	.062	4425.76	67.19
HSC HOSPITALS	56	202		226,595.53	1121.76	.033	4046.35	36.99
NON-HSC HOSPITALS TOTAL	38	176		185,000.45	1051.14	.029	4868.43	30.20
ACCOMMODATIONS	38	176		92,450.77	525.29	.029	2432.92	15.09
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	176		92,450.77	525.29	.029	2432.92	15.09
ANCILLARIES	38	0		92,549.68	.00	.000	2435.52	15.11
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	620	3,072		68,162.03	22.19	.501	109.94	11.13
MEDICAL	93	137		5,177.48	37.79	.022	55.67	.85
SURGERY	56	71		2,248.07	31.66	.012	40.14	.37
PATHOLOGY	282	1,241		14,214.96	11.45	.203	50.41	2.32
RADIOLOGY	143	195		12,161.88	62.37	.032	85.05	1.99
ROOM USE	438	589		22,895.94	38.87	.096	52.27	3.74
CROSSOVERS/ALL OTH OUTPTNT	254	839		11,463.70	13.66	.137	45.13	1.87
@STATE HOSPITAL	8	0	\$	12,513.82	\$.00	.000	\$ 1564.23	\$ 2.04

MENTALLY ILL	8	0		12,513.82	.00	.000	1564.23	2.04
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	1	\$	115.21	\$ 115.21	.000	\$ 115.21	\$.02
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	1		115.21	115.21	.000	115.21	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	333	851	\$	13,285.41	\$ 15.61	.139	\$ 39.90	\$ 2.17
PATHOLOGY	333	851		13,285.41	15.61	.139	39.90	2.17
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	323	963	\$	78,191.84	\$ 81.20	.157	\$ 242.08	\$ 12.76
CLINIC	126	606		17,341.98	28.62	.099	137.63	2.83
SURGICENTER	5	34		1,229.18	36.15	.006	245.84	.20
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	198	323		59,620.68	184.58	.053	301.11	9.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT							

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	6,126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	268		36,266	\$ 52,283.55	\$ 1.44	5.920	\$ 195.09	\$ 8.53
DURABLE MED. EQUIP.	24		99	18,250.85	184.35	.016	760.45	2.98
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	38		591	5,651.03	9.56	.096	148.71	.92
AMBULANCES/AIR TRANS	35		360	5,246.18	14.57	.059	149.89	.86
OTHER TRANS	3		231	404.85	1.75	.038	134.95	.07
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	51		51	4,401.00	86.29	.008	86.29	.72
IHMC,MODEL-NF,NF,AIDS,MSSP	2		10	241.20	24.12	.002	120.60	.04
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	45		94	831.12	8.84	.015	18.47	.14
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5		6	481.20	80.20	.001	96.24	.08
PROSTHETICS	4		5	437.12	87.42	.001	109.28	.07
ORTHOTICS	1		1	44.08	44.08	.000	44.08	.01
PSYCHOLOGIST	2		15	522.40	34.83	.002	261.20	.09
SPEECH AND AUDIOLOGY	8		13	5,723.32	440.26	.002	715.42	.93
HOSPICE SERVICES	2		10	942.88	94.29	.002	471.44	.15
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	71	264	1,864.24	7.06	.043	26.26	.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	35,113	13,374.31	.38	5.732	477.65	2.18
@CALIF. CHILDREN SERVICES*	58	820	\$ 78,646.08	\$ 95.91	.134	\$ 1355.97	\$ 12.84
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 9,357

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,358
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 9,360
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 9,361
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

PAGE 9,362
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,365
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00	
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00	
SNF/ICF	0	0		.00		.00	.000	.00	.00	
OUTPATIENTS	0	0		.00		.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00	
ORAL SURGERY	0	0		.00		.00	.000	.00	.00	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 9,366
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS									AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,367
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS						AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,368
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,369
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	428	3,562	\$ 341,173.78	\$ 95.78	4.419	\$ 797.14	\$ 423.29
@PHYSICIANS SERVICES	299	887	\$ 69,399.84	\$ 78.24	1.100	\$ 232.11	\$ 86.10
OUTPATIENT VISITS	182	355	21,704.95	61.14	.440	119.26	26.93
OFFICE VISITS	34	40	1,738.47	43.46	.050	51.13	2.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	44	2,586.21	58.78	.055	68.06	3.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	132	270	17,369.41	64.33	.335	131.59	21.55
OTHER OUTPATIENT	1	1	10.86	10.86	.001	10.86	.01
INPATIENT VISITS	35	80	4,205.09	52.56	.099	120.15	5.22
HOSPITAL VISITS	33	69	2,959.25	42.89	.086	89.67	3.67
CRITICAL CARE	4	11	1,245.84	113.26	.014	311.46	1.55
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	52	201	31,718.28	157.80	.249	609.97	39.35
PRINCIPAL SURGEON	35	39	26,845.50	688.35	.048	767.01	33.31
ASSISTANT SURGEON	7	7	1,258.88	179.84	.009	179.84	1.56
ANESTHESIOLOGIST	18	155	3,613.90	23.32	.192	200.77	4.48
OUTPATIENT SURGERY	14	44	1,242.56	28.24	.055	88.75	1.54
PRINCIPAL SURGEON	8	8	397.90	49.74	.010	49.74	.49

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	36	844.66	23.46	.045	140.78	1.05
DIALYSIS	7	18	2,871.64	159.54	.022	410.23	3.56
PATHOLOGY	52	59	959.74	16.27	.073	18.46	1.19
RADIOLOGY	89	111	5,425.37	48.88	.138	60.96	6.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4	294.60	73.65	.005	73.65	.37
OTHER SERVICES/ALL X-OVERS	10	15	977.61	65.17	.019	97.76	1.21
@PHARMACY	116	231	\$ 8,226.46	\$ 35.61	.287	\$ 70.92	\$ 10.21
PRESCRIPTION DRUGS	114	198	5,866.65	29.63	.246	51.46	7.28
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	114	198	5,866.65	29.63	.246	51.46	7.28
MEDICAL SUPPLIES	13	33	2,359.81	71.51	.041	181.52	2.93
@DENTIST	3	5	\$ 85.00	\$ 17.00	.006	\$ 28.33	\$.11
VISITS - DIAGNOSTIC	3	5	85.00	17.00	.006	28.33	.11
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,370
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	3	35	\$ 428.71	\$ 12.25	.043 \$ 142.90 \$.53
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	173	1,275	\$ 223,798.63	\$ 175.53	1.582 \$ 1293.63 \$ 277.67
HOSP INPATIENT TOTAL	44	165	205,937.45	1248.11	.205 4680.40 255.51
HSC HOSPITALS	26	74	83,549.60	1129.05	.092 3213.45 103.66
NON-HSC HOSPITAL TOTAL	18	91	122,387.85	1344.92	.113 6799.33 151.85
ACCOMMODATIONS	18	91	43,056.29	473.15	.113 2392.02 53.42

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	91	43,056.29	473.15	.113	2392.02	53.42
ANCILLARIES	18	0	79,331.56	.00	.000	4407.31	98.43
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	146	1,110	17,861.18	16.09	1.377	122.34	22.16
MEDICAL	10	10	288.91	28.89	.012	28.89	.36
SURGERY	18	22	734.27	33.38	.027	40.79	.91
PATHOLOGY	84	380	3,783.46	9.96	.471	45.04	4.69
RADIOLOGY	43	59	4,691.07	79.51	.073	109.09	5.82
ROOM USE	74	154	5,070.12	32.92	.191	68.52	6.29
CROSSOVERS/ALL OTH OUTPTNT	53	485	3,293.35	6.79	.602	62.14	4.09
@COUNTY HOSPITAL TOTAL	1	1	\$ 194.78	\$ 194.78	.001	\$ 194.78	\$.24
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	194.78	194.78	.001	194.78	.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	194.78	194.78	.001	194.78	.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,371
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PLACER COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

		----- MONTHLY AVERAGE -----						
806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	172	1,274	\$ 223,603.85	\$ 175.51	1.581	\$ 1300.02	\$ 277.42	
COMM HOSP INPATIENT TOTAL	44	165	205,937.45	1248.11	.205	4680.40	255.51	
HSC HOSPITALS	26	74	83,549.60	1129.05	.092	3213.45	103.66	
NON-HSC HOSPITALS TOTAL	18	91	122,387.85	1344.92	.113	6799.33	151.85	
ACCOMMODATIONS	18	91	43,056.29	473.15	.113	2392.02	53.42	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	18	91	43,056.29	473.15	.113	2392.02	53.42	
ANCILLARIES	18	0	79,331.56	.00	.000	4407.31	98.43	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	145	1,109	17,666.40	15.93	1.376	121.84	21.92	
MEDICAL	10	10	288.91	28.89	.012	28.89	.36	
SURGERY	18	22	734.27	33.38	.027	40.79	.91	
PATHOLOGY	84	380	3,783.46	9.96	.471	45.04	4.69	
RADIOLOGY	43	59	4,691.07	79.51	.073	109.09	5.82	
ROOM USE	74	154	5,070.12	32.92	.191	68.52	6.29	
CROSSOVERS/ALL OTH OUTPTNT	52	484	3,098.57	6.40	.600	59.59	3.84	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00		.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.000	.00	.00
LEV B-REHAB MD	0	0		.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
LEV B-REGULAR	0	0		.00		.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$.00	\$.00
ICF DDH	0	0		.00		.000	.00	.00
ICF DD	0	0		.00		.000	.00	.00
ICF DDN/DDCN	0	0		.00		.000	.00	.00
@HEMODIALYSIS TOTAL	12	659	\$	28,740.70	\$	43.61	.818 \$	2395.06 \$
HOSPITAL BASED	0	0		.00		.000	.00	.00
HEMODIALYSIS CENTER	12	659		28,740.70		43.61	.818	2395.06
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.000	.00	.00
@LABORATORY FACILITY	129	336	\$	5,582.40	\$	16.61	.417 \$	43.27 \$
PATHOLOGY	129	336		5,582.40		16.61	.417	43.27
XO AND OTHERS	0	0		.00		.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	27	\$	773.02	\$	28.63	.033 \$	257.67 \$
CLINIC	2	17		529.61		31.15	.021	264.81
SURGICENTER	1	10		243.41		24.34	.012	243.41
HEROIN DETOX CLINIC	0	0		.00		.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 9,372
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F							

806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	107	\$ 4,139.02	\$ 38.68	.133	\$ 118.26	\$ 5.14
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	70	928.95	13.27	.087	154.83	1.15
AMBULANCES/AIR TRANS	6	70	928.95	13.27	.087	154.83	1.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	30	30	2,886.00	96.20	.037	96.20	3.58
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7	324.07	46.30	.009	324.07	.40
PROSTHETICS	1	6	235.38	39.23	.007	235.38	.29
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.11
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 64 REFUGEES

AID CODES 01 02 08

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	45	328	\$ 13,035.86	\$ 39.74	4.754	\$	289.69	\$ 188.93
@PHYSICIANS SERVICES	20	61	\$ 2,125.13	\$ 34.84	.884	\$	106.26	\$ 30.80
OUTPATIENT VISITS	15	25	1,191.44	47.66	.362		79.43	17.27
OFFICE VISITS	13	21	893.33	42.54	.304		68.72	12.95
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	4	4	298.11	74.53	.058		74.53	4.32
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	5	10	31.69	3.17	.145		6.34	.46
RADIOLOGY	8	11	289.51	26.32	.159		36.19	4.20
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	9	15	612.49	40.83	.217		68.05	8.88
@PHARMACY	17	49	\$ 1,732.78	\$ 35.36	.710	\$	101.93	\$ 25.11
PRESCRIPTION DRUGS	16	48	1,662.12	34.63	.696		103.88	24.09
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	16	48	1,662.12	34.63	.696		103.88	24.09
MEDICAL SUPPLIES	1	1	70.66	70.66	.014		70.66	1.02
@DENTIST	22	90	\$ 6,456.00	\$ 71.73	1.304	\$	293.45	\$ 93.57
VISITS - DIAGNOSTIC	15	33	904.00	27.39	.478		60.27	13.10
ORAL SURGERY	2	2	215.00	107.50	.029		107.50	3.12
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00

PERIODONTICS	4	5	710.00	142.00	.072	177.50	10.29
ENDODONTICS	5	8	2,225.00	278.13	.116	445.00	32.25
RESTORATIVE DENTISTRY	9	42	2,402.00	57.19	.609	266.89	34.81
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	14 \$	266.30	\$ 19.02	.203	\$ 88.77	\$ 3.86
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.029	47.45	1.38
EYE APPLIANCES	3	12	171.40	14.28	.174	57.13	2.48
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	51	\$	1,032.28	\$	20.24	.739	\$	206.46	\$	14.96
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	51		1,032.28		20.24	.739		206.46		14.96
MEDICAL	3	3		81.30		27.10	.043		27.10		1.18
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	28		210.33		7.51	.406		52.58		3.05
RADIOLOGY	5	7		484.09		69.16	.101		96.82		7.02
ROOM USE	5	5		164.40		32.88	.072		32.88		2.38
CROSSOVERS/ALL OTH OUTPTNT	5	8		92.16		11.52	.116		18.43		1.34
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
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69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	51	\$ 1,032.28	\$ 20.24	.739	\$ 206.46	\$ 14.96
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	51	1,032.28	20.24	.739	206.46	14.96
MEDICAL	3	3	81.30	27.10	.043	27.10	1.18

SURGERY	0	0		.00		.000		.00		.00
PATHOLOGY	4	28		210.33		.406		52.58		3.05
RADIOLOGY	5	7		484.09		.101		96.82		7.02
ROOM USE	5	5		164.40		.072		32.88		2.38
CROSSOVERS/ALL OTH OUTPTNT	5	8		92.16		.116		18.43		1.34
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.000		.00		.00
LEV B-REHAB MD	0	0		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000		.00		.00
LEV B-REGULAR	0	0		.00		.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.000		.00		.00
ICF DD	0	0		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00		.00
@LABORATORY FACILITY	10	42	\$	590.24	\$	.609	\$	59.02	\$	8.55
PATHOLOGY	10	42		590.24		.609		59.02		8.55
XO AND OTHERS	0	0		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	548.22	\$	.043	\$	182.74	\$	7.95
CLINIC	0	0		.00		.000		.00		.00
SURGICENTER	0	0		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00		.00
RURAL HEALTH CLINIC	3	3		548.22		.043		182.74		7.95

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PLACER COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	5	18	\$ 284.91	\$ 15.83	.261	\$ 56.98
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	1	4	154.03	38.51	.058	154.03
AMBULANCES/AIR TRANS	1	4	154.03	38.51	.058	154.03
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	4	14	130.88	9.35	.203	32.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	100	932	\$ 87,940.25	\$ 94.36	15.533	\$ 879.40	\$ 1465.67
@PHYSICIANS SERVICES	58	507	\$ 23,037.17	\$ 45.44	8.450	\$ 397.19	\$ 383.95
OUTPATIENT VISITS	32	48	2,205.70	45.95	.800	68.93	36.76
OFFICE VISITS	32	48	2,205.70	45.95	.800	68.93	36.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	56	4,769.28	85.17	.933	366.87	79.49
PRINCIPAL SURGEON	5	7	3,165.52	452.22	.117	633.10	52.76
ASSISTANT SURGEON	5	5	658.07	131.61	.083	131.61	10.97
ANESTHESIOLOGIST	5	44	945.69	21.49	.733	189.14	15.76
OUTPATIENT SURGERY	12	33	2,798.31	84.80	.550	233.19	46.64
PRINCIPAL SURGEON	9	13	2,312.74	177.90	.217	256.97	38.55
ASSISTANT SURGEON	1	1	42.14	42.14	.017	42.14	.70
ANESTHESIOLOGIST	4	19	443.43	23.34	.317	110.86	7.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	15	361.43	24.10	.250	51.63	6.02
RADIOLOGY	25	145	10,650.79	73.45	2.417	426.03	177.51
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	182	1,487.16	8.17	3.033	297.43	24.79
OTHER SERVICES/ALL X-OVERS	9	28	764.50	27.30	.467	84.94	12.74
@PHARMACY	66	189	\$ 10,560.20	\$ 55.87	3.150	\$ 160.00	\$ 176.00
PRESCRIPTION DRUGS	66	189	10,560.20	55.87	3.150	160.00	176.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	66	189	10,560.20	55.87	3.150	160.00	176.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	3	6	\$	970.00	\$ 161.67	.100	\$ 323.33	\$ 16.17
VISITS - DIAGNOSTIC	3	4		70.00	17.50	.067	23.33	1.17
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.033	900.00	15.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,378	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
PLACER COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL						AID CODES 0M 0N	

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	26	131	\$	48,585.40	\$ 370.88	2.183	\$ 1868.67	\$ 809.76
HOSP INPATIENT TOTAL	6	7		45,710.03	6530.00	.117	7618.34	761.83
HSC HOSPITALS	1	1		855.00	855.00	.017	855.00	14.25
NON-HSC HOSPITAL TOTAL	5	6		44,855.03	7475.84	.100	8971.01	747.58
ACCOMMODATIONS	5	6		3,333.48	555.58	.100	666.70	55.56
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	6		3,333.48	555.58	.100	666.70	55.56
ANCILLARIES	5	0		41,521.55	.00	.000	8304.31	692.03
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	124		2,875.37	23.19	2.067	130.70	47.92
MEDICAL	7	9		252.20	28.02	.150	36.03	4.20
SURGERY	7	7		568.75	81.25	.117	81.25	9.48
PATHOLOGY	14	68		578.37	8.51	1.133	41.31	9.64
RADIOLOGY	5	7		339.32	48.47	.117	67.86	5.66
ROOM USE	12	19		925.97	48.74	.317	77.16	15.43

CROSSEOVERS/ALL OTH OUTPTNT	6	14		210.76	15.05	.233	35.13	3.51
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,379
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	131	\$ 48,585.40	\$ 370.88	2.183	\$ 1868.67	\$ 809.76
COMM HOSP INPATIENT TOTAL	6	7	45,710.03	6530.00	.117	7618.34	761.83
HSC HOSPITALS	1	1	855.00	855.00	.017	855.00	14.25
NON-HSC HOSPITALS TOTAL	5	6	44,855.03	7475.84	.100	8971.01	747.58
ACCOMMODATIONS	5	6	3,333.48	555.58	.100	666.70	55.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	5	6	3,333.48	555.58	.100	666.70	55.56
ANCILLARIES	5	0	41,521.55	.00	.000	8304.31	692.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	124	2,875.37	23.19	2.067	130.70	47.92
MEDICAL	7	9	252.20	28.02	.150	36.03	4.20
SURGERY	7	7	568.75	81.25	.117	81.25	9.48
PATHOLOGY	14	68	578.37	8.51	1.133	41.31	9.64
RADIOLOGY	5	7	339.32	48.47	.117	67.86	5.66
ROOM USE	12	19	925.97	48.74	.317	77.16	15.43
CROSSOVERS/ALL OTH OUTPTNT	6	14	210.76	15.05	.233	35.13	3.51
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	84	2,545.07	30.30	1.400	101.80	42.42
PATHOLOGY	25	84	2,545.07	30.30	1.400	101.80	42.42
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	12	2,155.84	179.65	.200	215.58	35.93
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	12	2,155.84	179.65	.200	215.58	35.93

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,380
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 86.57	\$ 28.86	.050	\$ 43.29	\$ 1.44
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	86.57	28.86	.050	43.29	1.44
PROSTHETICS	2	3	86.57	28.86	.050	43.29	1.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,381
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	AID CODES OR OT	

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	114	\$ 3,113.68	\$ 27.31	38.000	\$ 518.95	\$ 1037.89
@PHYSICIANS SERVICES	3	82	\$ 331.53	\$ 4.04	27.333	\$ 110.51	\$ 110.51
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	82		331.53		4.04		27.333		110.51		110.51
@PHARMACY	6	22	\$	1,019.15	\$	46.33		7.333	\$	169.86	\$	339.72
PRESCRIPTION DRUGS	6	22		1,019.15		46.33		7.333		169.86		339.72
SNF/ICF	0	0		.00		.00		.000		.00		.00
OUTPATIENTS	6	22		1,019.15		46.33		7.333		169.86		339.72
MEDICAL SUPPLIES	0	0		.00		.00		.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00		.000		.00		.00
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002											
MOP024	FEE-FOR-SERVICE/DENTAL											
PLACER COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY											
	AID CODES OR OT											
	----- MONTHLY AVERAGE -----											
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
VISITS	0	0		.00		.00	.000		.00		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00	
OTHER	0	0		.00		.00	.000		.00		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
@TOTAL HOSPITAL	2	9	\$	1,624.00	\$	180.44	3.000	\$	812.00	\$	541.33	
HOSP INPATIENT TOTAL	2	9		1,624.00		180.44	3.000		812.00		541.33	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	2	9		1,624.00		180.44	3.000		812.00		541.33	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,383
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	9	\$ 1,624.00	\$ 180.44	3.000	\$ 812.00	\$ 541.33
COMM HOSP INPATIENT TOTAL	2	9	1,624.00	180.44	3.000	812.00	541.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	9	1,624.00	180.44	3.000	812.00	541.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY							

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01/17/03

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 139.00	\$ 139.00	.333	\$ 139.00	\$ 46.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	139.00	139.00	.333	139.00	46.33
PROSTHETICS	1	1	139.00	139.00	.333	139.00	46.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	82	\$ 1,955.53	\$ 23.85	27.333	\$ 651.84	\$ 651.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,385
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

63 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	106	1,046	\$ 91,053.93	\$ 87.05	16.603	\$ 859.00	\$ 1445.30
@PHYSICIANS SERVICES	61	589	\$ 23,368.70	\$ 39.68	9.349	\$ 383.09	\$ 370.93
OUTPATIENT VISITS	32	48	2,205.70	45.95	.762	68.93	35.01
OFFICE VISITS	32	48	2,205.70	45.95	.762	68.93	35.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	56	4,769.28	85.17	.889	366.87	75.70
PRINCIPAL SURGEON	5	7	3,165.52	452.22	.111	633.10	50.25
ASSISTANT SURGEON	5	5	658.07	131.61	.079	131.61	10.45
ANESTHESIOLOGIST	5	44	945.69	21.49	.698	189.14	15.01
OUTPATIENT SURGERY	12	33	2,798.31	84.80	.524	233.19	44.42
PRINCIPAL SURGEON	9	13	2,312.74	177.90	.206	256.97	36.71

ASSISTANT SURGEON	1	1	42.14	42.14	.016	42.14	.67
ANESTHESIOLOGIST	4	19	443.43	23.34	.302	110.86	7.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	15	361.43	24.10	.238	51.63	5.74
RADIOLOGY	25	145	10,650.79	73.45	2.302	426.03	169.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	182	1,487.16	8.17	2.889	297.43	23.61
OTHER SERVICES/ALL X-OVERS	12	110	1,096.03	9.96	1.746	91.34	17.40
@PHARMACY	72	211	\$ 11,579.35	\$ 54.88	3.349	\$ 160.82	\$ 183.80
PRESCRIPTION DRUGS	72	211	11,579.35	54.88	3.349	160.82	183.80
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	72	211	11,579.35	54.88	3.349	160.82	183.80
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	6	\$ 970.00	\$ 161.67	.095	\$ 323.33	\$ 15.40
VISITS - DIAGNOSTIC	3	4	70.00	17.50	.063	23.33	1.11
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.032	900.00	14.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

63 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	28	140	\$ 50,209.40	\$ 358.64	2.222	\$ 1793.19	\$ 796.97
HOSP INPATIENT TOTAL	8	16	47,334.03	2958.38	.254	5916.75	751.33
HSC HOSPITALS	1	1	855.00	855.00	.016	855.00	13.57
NON-HSC HOSPITAL TOTAL	5	6	44,855.03	7475.84	.095	8971.01	711.98
ACCOMMODATIONS	5	6	3,333.48	555.58	.095	666.70	52.91

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	6	3,333.48	555.58	.095	666.70	52.91
ANCILLARIES	5	0	41,521.55	.00	.000	8304.31	659.07
INPATIENT CROSSOVERS	2	9	1,624.00	180.44	.143	812.00	25.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	124	2,875.37	23.19	1.968	130.70	45.64
MEDICAL	7	9	252.20	28.02	.143	36.03	4.00
SURGERY	7	7	568.75	81.25	.111	81.25	9.03
PATHOLOGY	14	68	578.37	8.51	1.079	41.31	9.18
RADIOLOGY	5	7	339.32	48.47	.111	67.86	5.39
ROOM USE	12	19	925.97	48.74	.302	77.16	14.70
CROSSOVERS/ALL OTH OUTPTNT	6	14	210.76	15.05	.222	35.13	3.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,387
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL						

63 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	140	\$ 50,209.40	\$ 358.64	2.222	\$ 1793.19	\$ 796.97
COMM HOSP INPATIENT TOTAL	8	16	47,334.03	2958.38	.254	5916.75	751.33
HSC HOSPITALS	1	1	855.00	855.00	.016	855.00	13.57
NON-HSC HOSPITALS TOTAL	5	6	44,855.03	7475.84	.095	8971.01	711.98
ACCOMMODATIONS	5	6	3,333.48	555.58	.095	666.70	52.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	6	3,333.48	555.58	.095	666.70	52.91
ANCILLARIES	5	0	41,521.55	.00	.000	8304.31	659.07
INPATIENT CROSSOVERS	2	9	1,624.00	180.44	.143	812.00	25.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	124	2,875.37	23.19	1.968	130.70	45.64
MEDICAL	7	9	252.20	28.02	.143	36.03	4.00
SURGERY	7	7	568.75	81.25	.111	81.25	9.03
PATHOLOGY	14	68	578.37	8.51	1.079	41.31	9.18
RADIOLOGY	5	7	339.32	48.47	.111	67.86	5.39
ROOM USE	12	19	925.97	48.74	.302	77.16	14.70
CROSSOVERS/ALL OTH OUTPTNT	6	14	210.76	15.05	.222	35.13	3.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	84	\$	2,545.07	\$	30.30	1.333	\$ 101.80
PATHOLOGY	25	84		2,545.07		30.30	1.333	101.80
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	10	12	\$	2,155.84	\$	179.65	.190	\$ 215.58
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	10	12		2,155.84		179.65	.190	215.58
#CALIF DEPT OF HEALTH SERV								
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				----- MONTHLY AVERAGE -----				
63 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3	4	\$ 225.57	\$ 56.39	.063	\$ 75.19	\$ 3.58	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	3	4	225.57	56.39	.063	75.19	3.58	
PROSTHETICS	3	4	225.57	56.39	.063	75.19	3.58	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	82	\$ 1,955.53	\$ 23.85	1.302	\$ 651.84	\$ 31.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

PLACER COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

127 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	5	\$ 2,636.88	\$ 527.38	.039	\$ 527.38	\$ 20.76
@PHYSICIANS SERVICES	3	3	\$ 48.12	\$ 16.04	.024	\$ 16.04	\$.38
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3		48.12	16.04	.024	16.04	.38
@PHARMACY	0	0	\$	.00	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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PLACER COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

127 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 5.80	\$ 5.80	.008	\$ 5.80	\$.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.80	5.80	.008	5.80	.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
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				----- MONTHLY AVERAGE -----			
127 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 2,536.00	\$.00	.000	\$ 2536.00	\$ 19.97
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	2,536.00	.00	.000	2536.00	19.97
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
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127 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 46.96	\$ 46.96	.008	\$ 46.96	\$.37
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	46.96	46.96	.008	46.96	.37
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	5	5	\$ 2,636.88	\$ 527.38	.039	\$ 527.38	\$ 20.76

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,393
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM	AID CODES 72 74 8N

	3,206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,116	3,432	\$	112,335.03	\$ 32.73	1.070	\$ 100.66	\$ 35.04
@PHYSICIANS SERVICES	619	1,145	\$	36,781.97	\$ 32.12	.357	\$ 59.42	\$ 11.47
OUTPATIENT VISITS	547	759		23,820.13	31.38	.237	43.55	7.43
OFFICE VISITS	450	620		18,879.54	30.45	.193	41.95	5.89
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	87	96		3,874.93	40.36	.030	44.54	1.21
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	41	42		1,028.27	24.48	.013	25.08	.32
INPATIENT VISITS	7	43		3,401.40	79.10	.013	485.91	1.06
HOSPITAL VISITS	5	39		2,588.12	66.36	.012	517.62	.81
CRITICAL CARE	3	4		813.28	203.32	.001	271.09	.25
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		6.00	6.00	.000	6.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	1	1		6.00	6.00	.000	6.00	.00
INPATIENT HOSPITAL SURGERY	2	5		419.58	83.92	.002	209.79	.13
PRINCIPAL SURGEON	1	1		287.61	287.61	.000	287.61	.09
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		131.97	32.99	.001	131.97	.04
OUTPATIENT SURGERY	41	110		5,662.06	51.47	.034	138.10	1.77
PRINCIPAL SURGEON	30	36		3,845.90	106.83	.011	128.20	1.20
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	74		1,816.16	24.54	.023	139.70	.57
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	67	79		614.03	7.77	.025	9.16	.19
RADIOLOGY	50	65		1,848.48	28.44	.020	36.97	.58
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	9		120.21	13.36	.003	17.17	.04
OTHER SERVICES/ALL X-OVERS	41	74		890.08	12.03	.023	21.71	.28
@PHARMACY	436	811	\$	21,817.96	\$ 26.90	.253	\$ 50.04	\$ 6.81
PRESCRIPTION DRUGS	431	765		20,767.48	27.15	.239	48.18	6.48
SNF/ICF	1	1		4.84	4.84	.000	4.84	.00
OUTPATIENTS	430	764		20,762.64	27.18	.238	48.29	6.48

MEDICAL SUPPLIES	9	46		1,050.48		22.84	.014	116.72	.33
@DENTIST	116	544	\$	16,323.00	\$	30.01	.170	\$ 140.72	\$ 5.09
VISITS - DIAGNOSTIC	81	301		4,774.00		15.86	.094	58.94	1.49
ORAL SURGERY	13	27		875.00		32.41	.008	67.31	.27
DRUGS	30	34		800.00		23.53	.011	26.67	.25
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	20	37		2,475.00		66.89	.012	123.75	.77
RESTORATIVE DENTISTRY	49	142		7,199.00		50.70	.044	146.92	2.25
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	2	2		200.00		100.00	.001	100.00	.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,394
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM								AID CODES 72 74 8N

						----- MONTHLY AVERAGE -----		
3,206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	20	\$	407.56	\$ 20.38	.006	\$ 58.22	\$.13
DIAGNOSTIC AND ANC. PROCED	4	4		182.54	45.64	.001	45.64	.06
EYE APPLIANCES	6	16		225.02	14.06	.005	37.50	.07
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	183	480	\$	22,854.12	\$ 47.61	.150	\$ 124.89	\$ 7.13
HOSP INPATIENT TOTAL	4	9		11,144.95	1238.33	.003	2786.24	3.48
HSC HOSPITALS	3	8		9,970.00	1246.25	.002	3323.33	3.11
NON-HSC HOSPITAL TOTAL	1	1		1,174.95	1174.95	.000	1174.95	.37
ACCOMMODATIONS	1	1		1,174.95	1174.95	.000	1174.95	.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		1,174.95	1174.95	.000	1174.95	.37
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	180	471		11,709.17	24.86	.147	65.05	3.65
MEDICAL	20	28		646.68	23.10	.009	32.33	.20
SURGERY	14	15		495.23	33.02	.005	35.37	.15
PATHOLOGY	44	111		1,145.59	10.32	.035	26.04	.36
RADIOLOGY	38	45		1,302.86	28.95	.014	34.29	.41
ROOM USE	152	169		6,436.28	38.08	.053	42.34	2.01
CROSSOVERS/ALL OTH OUTPTNT	69	103		1,682.53	16.34	.032	24.38	.52
@COUNTY HOSPITAL TOTAL	1	6	\$	157.04	\$ 26.17	.002	\$ 157.04	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6		157.04	26.17	.002	157.04	.05
MEDICAL	1	2		77.50	38.75	.001	77.50	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		36.41	18.21	.001	36.41	.01
ROOM USE	1	1		33.32	33.32	.000	33.32	.01
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.81	9.81	.000	9.81	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,395
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	3,206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	182	474	\$	22,697.08	\$ 47.88	.148	\$ 124.71	\$ 7.08
COMM HOSP INPATIENT TOTAL	4	9		11,144.95	1238.33	.003	2786.24	3.48
HSC HOSPITALS	3	8		9,970.00	1246.25	.002	3323.33	3.11
NON-HSC HOSPITALS TOTAL	1	1		1,174.95	1174.95	.000	1174.95	.37
ACCOMMODATIONS	1	1		1,174.95	1174.95	.000	1174.95	.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	1	1,174.95	1174.95	.000	1174.95	.37
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	179	465	11,552.13	24.84	.145	64.54	3.60
MEDICAL	19	26	569.18	21.89	.008	29.96	.18
SURGERY	14	15	495.23	33.02	.005	35.37	.15
PATHOLOGY	44	111	1,145.59	10.32	.035	26.04	.36
RADIOLOGY	37	43	1,266.45	29.45	.013	34.23	.40
ROOM USE	151	168	6,402.96	38.11	.052	42.40	2.00
CROSSOVERS/ALL OTH OUTPTNT	68	102	1,672.72	16.40	.032	24.60	.52
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	60	94	1,104.12	11.75	.029	18.40	.34
PATHOLOGY	60	94	1,104.12	11.75	.029	18.40	.34
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	47	92	10,187.47	110.73	.029	216.75	3.18
CLINIC	11	13	456.48	35.11	.004	41.50	.14
SURGICENTER	6	41	1,329.38	32.42	.013	221.56	.41
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	31	38	8,401.61	221.10	.012	271.02	2.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,396
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM						
			AID CODES 72 74 8N				

				----- MONTHLY AVERAGE -----			
3,206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	246	\$ 2,858.83	\$ 11.62	.077	\$ 81.68	\$.89
DURABLE MED. EQUIP.	1	1	99.99	99.99	.000	99.99	.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	100	1,093.40	10.93	.031	182.23	.34
AMBULANCES/AIR TRANS	6	100	1,093.40	10.93	.031	182.23	.34
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	165.49	10.34	.005	20.69	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	9	480.35	53.37	.003	68.62	.15
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	120	1,019.60	8.50	.037	72.83	.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	28	86	\$ 16,146.45	\$ 187.75	.027	\$ 576.66	\$ 5.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,397
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R

2,420 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	752	2,589	\$ 81,843.83	\$ 31.61	1.070	\$ 108.83	\$ 33.82
@PHYSICIANS SERVICES	280	695	\$ 19,731.45	\$ 28.39	.287	\$ 70.47	\$ 8.15
OUTPATIENT VISITS	229	283	9,812.35	34.67	.117	42.85	4.05
OFFICE VISITS	189	227	7,872.59	34.68	.094	41.65	3.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	32	33	1,324.31	40.13	.014	41.38	.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	19	23	615.45	26.76	.010	32.39	.25
INPATIENT VISITS	3	20	760.61	38.03	.008	253.54	.31
HOSPITAL VISITS	3	20	760.61	38.03	.008	253.54	.31
CRITICAL CARE	1	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	7	211.88	30.27	.003	30.27	.09
EXAMINATIONS	4	4	189.88	47.47	.002	47.47	.08
SERVICES AND MATERIALS	3	3	22.00	7.33	.001	7.33	.01
INPATIENT HOSPITAL SURGERY	2	4	461.87	115.47	.002	230.94	.19
PRINCIPAL SURGEON	2	4	461.87	115.47	.002	230.94	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	33	57	2,917.86	51.19	.024	88.42	1.21
PRINCIPAL SURGEON	31	49	2,625.30	53.58	.020	84.69	1.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	8	292.56	36.57	.003	73.14	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	38	41	306.79	7.48	.017	8.07	.13
RADIOLOGY	45	66	3,185.82	48.27	.027	70.80	1.32
PSYCHIATRY	2	2	65.96	32.98	.001	32.98	.03

IMMUNIZATION AND INJECTION	3	9		119.83		13.31	.004	39.94	.05	
OTHER SERVICES/ALL X-OVERS	32	206		1,888.48		9.17	.085	59.02	.78	
@PHARMACY	248	452	\$	19,558.56	\$	43.27	.187	78.87	\$ 8.08	
PRESCRIPTION DRUGS	245	438		18,870.65		43.08	.181	77.02	7.80	
SNF/ICF	0	0		.00		.00	.000	.00	.00	
OUTPATIENTS	245	438		18,870.65		43.08	.181	77.02	7.80	
MEDICAL SUPPLIES	7	14		687.91		49.14	.006	98.27	.28	
@DENTIST	174	815	\$	21,779.38	\$	26.72	.337	125.17	\$ 9.00	
VISITS - DIAGNOSTIC	115	557		8,093.38		14.53	.230	70.38	3.34	
ORAL SURGERY	22	42		2,363.00		56.26	.017	107.41	.98	
DRUGS	9	11		200.00		18.18	.005	22.22	.08	
ANESTHESIA	1	1		100.00		100.00	.000	100.00	.04	
PERIODONTICS	0	0		.00		.00	.000	.00	.00	
ENDODONTICS	9	9		316.40		35.16	.004	35.16	.13	
RESTORATIVE DENTISTRY	54	149		6,010.60		40.34	.062	111.31	2.48	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00	
SPACE MAINTAINERS	2	2		111.00		55.50	.001	55.50	.05	
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.001	50.00	.04	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	28	36		4,335.00		120.42	.015	154.82	1.79	
ALL OTHER SERVICES	5	6		150.00		25.00	.002	30.00	.06	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 9,398
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM									AID CODES 7A 7C 8R

2,420 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	24	51	\$ 1,299.31	\$ 25.48	.021	\$ 54.14	\$.54
DIAGNOSTIC AND ANC. PROCED	17	17	806.65	47.45	.007	47.45	.33
EYE APPLIANCES	14	34	492.66	14.49	.014	35.19	.20
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	3	4	\$ 66.88	\$ 16.72	.002	\$ 22.29	\$.03
VISITS	3	4	66.88	16.72	.002	22.29	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 19.75	\$ 19.75	.000	\$ 19.75	\$.01
@TOTAL HOSPITAL	78	177	\$ 8,108.55	\$ 45.81	.073	\$ 103.96	\$ 3.35
HOSP INPATIENT TOTAL	2	2	2,155.00	1077.50	.001	1077.50	.89
HSC HOSPITALS	2	2	2,155.00	1077.50	.001	1077.50	.89
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	76	175	5,953.55	34.02	.072	78.34	2.46
MEDICAL	6	8	632.04	79.01	.003	105.34	.26
SURGERY	8	8	220.52	27.57	.003	27.57	.09
PATHOLOGY	22	58	485.90	8.38	.024	22.09	.20
RADIOLOGY	16	23	1,500.52	65.24	.010	93.78	.62
ROOM USE	56	65	2,398.59	36.90	.027	42.83	.99
CROSSOVERS/ALL OTH OUTPTNT	10	13	715.98	55.08	.005	71.60	.30
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 9,399
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
2,420 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	78	177	\$ 8,108.55	\$ 45.81	.073	\$ 103.96	\$ 3.35

COMM HOSP INPATIENT TOTAL	2	2	2,155.00	1077.50	.001	1077.50	.89
HSC HOSPITALS	2	2	2,155.00	1077.50	.001	1077.50	.89
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	76	175	5,953.55	34.02	.072	78.34	2.46
MEDICAL	6	8	632.04	79.01	.003	105.34	.26
SURGERY	8	8	220.52	27.57	.003	27.57	.09
PATHOLOGY	22	58	485.90	8.38	.024	22.09	.20
RADIOLOGY	16	23	1,500.52	65.24	.010	93.78	.62
ROOM USE	56	65	2,398.59	36.90	.027	42.83	.99
CROSSOVERS/ALL OTH OUTPTNT	10	13	715.98	55.08	.005	71.60	.30
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	45.84	45.84	.000	45.84	.02
HOSPITAL BASED	1	1	45.84	45.84	.000	45.84	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	29	81	984.12	12.15	.033	33.94	.41
PATHOLOGY	29	81	984.12	12.15	.033	33.94	.41
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	42	82	7,691.31	93.80	.034	183.13	3.18
CLINIC	14	35	796.10	22.75	.014	56.86	.33
SURGICENTER	2	14	466.33	33.31	.006	233.17	.19
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	26	33	6,428.88	194.81	.014	247.26	2.66

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 70 100% PROGRAM

AID CODES 7A 7C 8R

PAGE 9,400
01/17/03

	2,420 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	69	230	\$	2,558.68	\$ 11.12	.095	\$ 37.08	\$ 1.06
DURABLE MED. EQUIP.	2	4		76.52	19.13	.002	38.26	.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	30		342.13	11.40	.012	171.07	.14

AMBULANCES/AIR TRANS	2	30	342.13	11.40	.012	171.07	.14
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	3	14	227.08	16.22	.006	75.69	.09
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	32	299.14	9.35	.013	18.70	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	74.90	37.45	.001	37.45	.03
PROSTHETICS	2	2	74.90	37.45	.001	37.45	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	6	271.44	45.24	.002	54.29	.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	39	142	1,267.47	8.93	.059	32.50	.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	19	\$ 2,656.75	\$ 139.83	.008	\$ 295.19	\$ 1.10
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,401
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	224	1,033	\$ 43,984.42	\$ 42.58	.000	\$	196.36	\$.00
@PHYSICIANS SERVICES	28	55	\$ 3,397.15	\$ 61.77	.000	\$	121.33	\$.00
OUTPATIENT VISITS	7	30	1,533.65	51.12	.000		219.09	.00
OFFICE VISITS	3	3	68.70	22.90	.000		22.90	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	6	27	1,464.95	54.26	.000		244.16	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	1	3	80.00	26.67	.000		80.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	80.00	26.67	.000	80.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	10.28	5.14	.000	5.14	.00
RADIOLOGY	20	20	1,773.22	88.66	.000	88.66	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	3	\$ 47.45	\$ 15.82	.000	\$ 15.82	\$.00
PRESCRIPTION DRUGS	3	3	47.45	15.82	.000	15.82	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	3	47.45	15.82	.000	15.82	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,402
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	1	1	\$ 163.74	\$ 163.74	.000	\$ 163.74	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	163.74	163.74	.000	163.74	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	7.60	.00	.000	.00	.00
RADIOLOGY	1	1	156.14	156.14	.000	156.14	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,403
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 163.74	\$ 163.74	.000	\$ 163.74	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	163.74	163.74	.000	163.74	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	7.60	.00	.000	.00	.00
RADIOLOGY	1	1	156.14	156.14	.000	156.14	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	111	164	\$	4,760.03	\$	29.02	\$	42.88
PATHOLOGY	111	164		4,760.03		29.02		42.88
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	146	794	\$	33,936.05	\$	42.74	\$	232.44
CLINIC	141	789		33,446.85		42.39		237.21
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	5		489.20		97.84		97.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,404
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 PLACER COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	16 \$	1,680.00	\$ 105.00	.000 \$	112.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00 .00
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00 .00
OTHER TRANS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
ACUPUNCTURE	0	0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	15	16	1,680.00	105.00	.000	112.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	0	0	.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00 .00
PORTABLE X-RAY	0	0	.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00 .00
PROSTHETICS	0	0	.00	.00	.000	.00 .00
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00 .00
HOSPICE SERVICES	0	0	.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$.00	.000 \$	.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$.00	.000 \$	.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,405
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,406
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM	AID CODE

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 9,407
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM										AID CODE

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,408
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	349	1,727	\$ 150,319.49	\$ 87.04	6.038	\$ 430.71	\$ 525.59
@PHYSICIANS SERVICES	161	563	\$ 36,687.01	\$ 65.16	1.969	\$ 227.87	\$ 128.28
OUTPATIENT VISITS	70	114	6,571.67	57.65	.399	93.88	22.98
OFFICE VISITS	27	32	1,460.81	45.65	.112	54.10	5.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13	603.60	46.43	.045	50.30	2.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	34	69	4,507.26	65.32	.241	132.57	15.76
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	18	39	2,478.36	63.55	.136	137.69	8.67

HOSPITAL VISITS	17	30		1,174.72		39.16	.105	69.10	4.11
CRITICAL CARE	1	9		1,303.64		144.85	.031	1303.64	4.56
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	194		18,249.56		94.07	.678	675.91	63.81
PRINCIPAL SURGEON	15	15		13,700.07		913.34	.052	913.34	47.90
ASSISTANT SURGEON	3	3		714.74		238.25	.010	238.25	2.50
ANESTHESIOLOGIST	16	176		3,834.75		21.79	.615	239.67	13.41
OUTPATIENT SURGERY	26	39		3,689.97		94.61	.136	141.92	12.90
PRINCIPAL SURGEON	21	25		3,130.08		125.20	.087	149.05	10.94
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	14	14		559.89		39.99	.049	39.99	1.96
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	23	47		806.83		17.17	.164	35.08	2.82
RADIOLOGY	59	67		4,140.15		61.79	.234	70.17	14.48
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	39		421.71		10.81	.136	32.44	1.47
OTHER SERVICES/ALL X-OVERS	10	24		328.76		13.70	.084	32.88	1.15
@PHARMACY	48	79	\$	953.79	\$	12.07	.276	19.87	3.33
PRESCRIPTION DRUGS	48	79		953.79		12.07	.276	19.87	3.33
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	48	79		953.79		12.07	.276	19.87	3.33
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,410
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	0		0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$	157.50	\$ 39.38	.014	\$ 78.75	\$.55
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	68	240	\$	79,696.17	\$ 332.07	.839	\$ 1172.00	\$ 278.66
HOSP INPATIENT TOTAL	24	69		75,689.19	1096.94	.241	3153.72	264.65
HSC HOSPITALS	18	47		55,244.24	1175.41	.164	3069.12	193.16
NON-HSC HOSPITAL TOTAL	6	22		20,444.95	929.32	.077	3407.49	71.49
ACCOMMODATIONS	6	22		9,716.28	441.65	.077	1619.38	33.97
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22		9,716.28	441.65	.077	1619.38	33.97
ANCILLARIES	6	0		10,728.67	.00	.000	1788.11	37.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	51	171		4,006.98	23.43	.598	78.57	14.01
MEDICAL	3	4		81.57	20.39	.014	27.19	.29
SURGERY	5	6		222.66	37.11	.021	44.53	.78
PATHOLOGY	25	67		799.72	11.94	.234	31.99	2.80
RADIOLOGY	14	15		1,027.68	68.51	.052	73.41	3.59
ROOM USE	26	32		1,281.60	40.05	.112	49.29	4.48
CROSSOVERS/ALL OTH OUTPTNT	18	47		593.75	12.63	.164	32.99	2.08
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R							

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286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	68	240	\$ 79,696.17	\$ 332.07	.839	\$ 1172.00	\$ 278.66
COMM HOSP INPATIENT TOTAL	24	69	75,689.19	1096.94	.241	3153.72	264.65
HSC HOSPITALS	18	47	55,244.24	1175.41	.164	3069.12	193.16
NON-HSC HOSPITALS TOTAL	6	22	20,444.95	929.32	.077	3407.49	71.49
ACCOMMODATIONS	6	22	9,716.28	441.65	.077	1619.38	33.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	6	22		9,716.28	441.65	.077	1619.38	33.97
ANCILLARIES	6	0		10,728.67	.00	.000	1788.11	37.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	171		4,006.98	23.43	.598	78.57	14.01
MEDICAL	3	4		81.57	20.39	.014	27.19	.29
SURGERY	5	6		222.66	37.11	.021	44.53	.78
PATHOLOGY	25	67		799.72	11.94	.234	31.99	2.80
RADIOLOGY	14	15		1,027.68	68.51	.052	73.41	3.59
ROOM USE	26	32		1,281.60	40.05	.112	49.29	4.48
CROSSOVERS/ALL OTH OUTPTNT	18	47		593.75	12.63	.164	32.99	2.08
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	78	184	\$	2,852.75	\$ 15.50	.643	\$ 36.57	\$ 9.97
PATHOLOGY	78	184		2,852.75	15.50	.643	36.57	9.97
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	140	646	\$	29,155.32	\$ 45.13	2.259	\$ 208.25	\$ 101.94
CLINIC	111	550		20,224.50	36.77	1.923	182.20	70.72
SURGICENTER	9	61		1,506.24	24.69	.213	167.36	5.27
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	20	35		7,424.58	212.13	.122	371.23	25.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,412
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	11	\$	816.95	\$ 74.27	.038	\$ 81.70	\$ 2.86
DURABLE MED. EQUIP.	1	2		38.26	19.13	.007	38.26	.13
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	8	8		690.00	86.25	.028	86.25	2.41

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	88.69	88.69	.003	88.69	.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	88.69	88.69	.003	88.69	.31
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	961.20CR \$	961.20	.003CR\$	.00 \$	3.36CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,413
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	0		.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,414
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 9,415
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 9,416 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,417
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N	

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	96	549	\$ 24,663.30	\$ 44.92	2.577	\$ 256.91	\$ 115.79
@PHYSICIANS SERVICES	26	58	\$ 3,493.97	\$ 60.24	.272	\$ 134.38	\$ 16.40
OUTPATIENT VISITS	18	20	808.60	40.43	.094	44.92	3.80
OFFICE VISITS	4	4	186.80	46.70	.019	46.70	.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11	11	517.56	47.05	.052	47.05	2.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	104.24	20.85	.023	26.06	.49
INPATIENT VISITS	2	4	140.90	35.23	.019	70.45	.66
HOSPITAL VISITS	2	4	140.90	35.23	.019	70.45	.66
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	16	856.65	53.54	.075	856.65	4.02
PRINCIPAL SURGEON	1	2	622.54	311.27	.009	622.54	2.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	14	234.11	16.72	.066	234.11	1.10
OUTPATIENT SURGERY	3	3	188.05	62.68	.014	62.68	.88
PRINCIPAL SURGEON	3	3	188.05	62.68	.014	62.68	.88

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	7	11		1,386.82	126.07	.052	198.12	6.51
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4		112.95	28.24	.019	28.24	.53
@PHARMACY	62	167	\$	7,276.64	\$ 43.57	.784	\$ 117.37	\$ 34.16
PRESCRIPTION DRUGS	62	167		7,276.64	43.57	.784	117.37	34.16
SNF/ICF	2	15		523.68	34.91	.070	261.84	2.46
OUTPATIENTS	60	152		6,752.96	44.43	.714	112.55	31.70
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	15	63	\$	5,183.00	\$ 82.27	.296	\$ 345.53	\$ 24.33
VISITS - DIAGNOSTIC	10	28		450.00	16.07	.131	45.00	2.11
ORAL SURGERY	1	1		45.00	45.00	.005	45.00	.21
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	6		1,450.00	241.67	.028	362.50	6.81
RESTORATIVE DENTISTRY	9	28		3,238.00	115.64	.131	359.78	15.20
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2	5	\$ 137.75	\$ 27.55	.023	\$ 68.88	\$.65	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.009	47.45	.45	
EYE APPLIANCES	1	3	42.85	14.28	.014	42.85	.20	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	17	68	\$ 5,232.99	\$ 76.96	.319	\$ 307.82	\$ 24.57	
HOSP INPATIENT TOTAL	1	3	3,339.00	1113.00	.014	3339.00	15.68	
HSC HOSPITALS	1	3	3,339.00	1113.00	.014	3339.00	15.68	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	65	1,893.99	29.14	.305	111.41	8.89
MEDICAL	0	0	80.79	.00	.000	.00	.38
SURGERY	2	3	106.88	35.63	.014	53.44	.50
PATHOLOGY	3	27	162.27	6.01	.127	54.09	.76
RADIOLOGY	4	5	713.84	142.77	.023	178.46	3.35
ROOM USE	12	16	541.13	33.82	.075	45.09	2.54
CROSSOVERS/ALL OTH OUTPTNT	7	14	289.08	20.65	.066	41.30	1.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024
PLACER COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	68	\$ 5,232.99	\$ 76.96	.319	\$ 307.82	\$ 24.57
COMM HOSP INPATIENT TOTAL	1	3	3,339.00	1113.00	.014	3339.00	15.68
HSC HOSPITALS	1	3	3,339.00	1113.00	.014	3339.00	15.68
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	65	1,893.99	29.14	.305	111.41	8.89
MEDICAL	0	0	80.79	.00	.000	.00	.38
SURGERY	2	3	106.88	35.63	.014	53.44	.50
PATHOLOGY	3	27	162.27	6.01	.127	54.09	.76
RADIOLOGY	4	5	713.84	142.77	.023	178.46	3.35
ROOM USE	12	16	541.13	33.82	.075	45.09	2.54
CROSSOVERS/ALL OTH OUTPTNT	7	14	289.08	20.65	.066	41.30	1.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	28	\$ 531.99	\$ 19.00	.131	\$ 106.40	\$ 2.50
HOSPITAL BASED	5	28	531.99	19.00	.131	106.40	2.50
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	25	\$ 291.21	\$ 11.65	.117	\$ 58.24	\$ 1.37
PATHOLOGY	5	25	291.21	11.65	.117	58.24	1.37
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	23	\$ 1,671.45	\$ 72.67	.108	\$ 185.72	\$ 7.85
CLINIC	5	15	338.54	22.57	.070	67.71	1.59
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	8	1,332.91	166.61	.038	333.23	6.26

#CALIF DEPT OF HEALTH SERV
MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

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213 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	112	\$	844.30	\$ 7.54	.526	\$ 84.43	\$ 3.96
DURABLE MED. EQUIP.	1	1		96.98	96.98	.005	96.98	.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	93		584.63	6.29	.437	292.32	2.74
AMBULANCES/AIR TRANS	2	93		584.63	6.29	.437	292.32	2.74
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	8		67.08	8.39	.038	16.77	.31
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1		9.83	9.83	.005	9.83	.05
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	9		85.78	9.53	.042	42.89	.40
@CALIF. CHILDREN SERVICES*	1	1	\$	48.36	\$ 48.36	.005	\$ 48.36	\$.23
@XOVER EXCLUDING STATE HOSP**	6	20	\$	362.12	\$ 18.11	.094	\$ 60.35	\$ 1.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,421
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

199,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	114,045	2,044,757	\$ 74,074,192.78	\$ 36.23	10.251	\$ 649.52	\$ 371.37
@PHYSICIANS SERVICES	42,401	115,937	\$ 4,864,223.68	\$ 41.96	.581	\$ 114.72	\$ 24.39
OUTPATIENT VISITS	29,160	41,953	1,567,671.44	37.37	.210	53.76	7.86
OFFICE VISITS	20,810	27,925	893,343.93	31.99	.140	42.93	4.48
HOME VISITS	82	117	4,092.73	34.98	.001	49.91	.02
EMERGENCY ROOM	6,750	8,001	381,774.96	47.72	.040	56.56	1.91
PREVENTIVE CARE	24	24	958.73	39.95	.000	39.95	.00
OB VISITS/COMPRI PERI	1,764	3,063	218,967.03	71.49	.015	124.13	1.10
OTHER OUTPATIENT	2,392	2,823	68,534.06	24.28	.014	28.65	.34
INPATIENT VISITS	1,887	7,599	384,072.08	50.54	.038	203.54	1.93
HOSPITAL VISITS	1,689	6,631	287,571.56	43.37	.033	170.26	1.44
CRITICAL CARE	161	726	88,461.42	121.85	.004	549.45	.44
SNF/ICF/TRANS IP CARE	168	242	8,039.10	33.22	.001	47.85	.04
OPHTHALMOLOGICAL SERVICES	246	281	11,308.16	40.24	.001	45.97	.06
EXAMINATIONS	225	258	11,127.66	43.13	.001	49.46	.06
SERVICES AND MATERIALS	23	23	180.50	7.85	.000	7.85	.00

INPATIENT HOSPITAL SURGERY	1,725	8,510		1,048,682.00	123.23	.043	607.93	5.26	
PRINCIPAL SURGEON	1,173	1,591		846,946.20	532.34	.008	722.03	4.25	
ASSISTANT SURGEON	228	236		43,843.89	185.78	.001	192.30	.22	
ANESTHESIOLOGIST	680	6,683		157,891.91	23.63	.034	232.19	.79	
OUTPATIENT SURGERY	2,915	6,597		480,912.34	72.90	.033	164.98	2.41	
PRINCIPAL SURGEON	2,401	2,980		378,848.96	127.13	.015	157.79	1.90	
ASSISTANT SURGEON	36	36		4,002.21	111.17	.000	111.17	.02	
ANESTHESIOLOGIST	728	3,581		98,061.17	27.38	.018	134.70	.49	
DIALYSIS	74	267		22,323.38	83.61	.001	301.67	.11	
PATHOLOGY	3,932	5,623		86,894.90	15.45	.028	22.10	.44	
RADIOLOGY	7,950	13,848		665,190.53	48.04	.069	83.67	3.33	
PSYCHIATRY	375	426		14,592.17	34.25	.002	38.91	.07	
IMMUNIZATION AND INJECTION	1,207	3,943		91,070.76	23.10	.020	75.45	.46	
OTHER SERVICES/ALL X-OVERS	9,098	26,890		491,505.92	18.28	.135	54.02	2.46	
@PHARMACY	73,342	560,486	\$	20,696,687.65	\$ 36.93	2.810	\$ 282.19	\$ 103.76	
PRESCRIPTION DRUGS	72,707	267,298		19,087,317.74	71.41	1.340	262.52	95.69	
SNF/ICF	6,975	43,789		2,077,808.32	47.45	.220	297.89	10.42	
OUTPATIENTS	66,248	223,509		17,009,509.42	76.10	1.121	256.76	85.28	
MEDICAL SUPPLIES	4,379	293,188		1,609,369.91	5.49	1.470	367.52	8.07	
@DENTIST	12,882	54,653	\$	2,159,351.19	\$ 39.51	.274	\$ 167.63	\$ 10.83	
VISITS - DIAGNOSTIC	8,891	34,205		512,996.20	15.00	.171	57.70	2.57	
ORAL SURGERY	1,539	3,460		176,213.61	50.93	.017	114.50	.88	
DRUGS	358	395		9,080.00	22.99	.002	25.36	.05	
ANESTHESIA	62	63		5,650.00	89.68	.000	91.13	.03	
PERIODONTICS	360	469		66,000.00	140.72	.002	183.33	.33	
ENDODONTICS	983	1,683		289,382.64	171.94	.008	294.39	1.45	
RESTORATIVE DENTISTRY	4,442	11,710		832,905.30	71.13	.059	187.51	4.18	
PROSTHETICS	78	81		2,125.00	26.23	.000	27.24	.01	
DENTURES, STAYPLATES	653	1,617		197,750.25	122.29	.008	302.83	.99	
SPACE MAINTAINERS	71	86		10,955.93	127.39	.000	154.31	.05	
MAXILLOFACIAL SERVICES	32	38		1,969.49	51.83	.000	61.55	.01	
FRACTURES, DISLOCATIONS	2	3		1,690.00	563.33	.000	845.00	.01	
ORTHODONTIC SERVICES	394	546		51,072.77	93.54	.003	129.63	.26	
ALL OTHER SERVICES	175	297		1,560.00	5.25	.001	8.91	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 9,422
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED								

	199,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,109	8,463	\$	192,511.01	\$ 22.75	.042	\$ 61.92	\$.97
DIAGNOSTIC AND ANC. PROCED	1,784	1,801		83,004.18	46.09	.009	46.53	.42
EYE APPLIANCES	2,222	6,215		99,355.45	15.99	.031	44.71	.50
OTHER OPTOMETRIC SERVICES	318	447		10,151.38	22.71	.002	31.92	.05
@CHIROPRACTOR	451	739	\$	12,102.59	\$ 16.38	.004	\$ 26.84	\$.06
VISITS	434	709		11,703.50	16.51	.004	26.97	.06
OTHER SERVICES	17	30		399.09	13.30	.000	23.48	.00
@PODIATRIST	1,383	2,143	\$	33,571.29	\$ 15.67	.011	\$ 24.27	\$.17
MEDICINE/INJECTIONS	211	251		7,138.82	28.44	.001	33.83	.04
SURGERY/ANES.	39	49		2,975.50	60.72	.000	76.29	.01
RADIO./PATHOLOGY	24	26		450.29	17.32	.000	18.76	.00
OTHER	1,167	1,817		23,006.68	12.66	.009	19.71	.12
@HOME HEALTH AGENCY	414	27,307	\$	914,715.34	\$ 33.50	.137	\$ 2209.46	\$ 4.59
NURSE ANESTHESIST	18	225	\$	999.68	\$ 4.44	.001	\$ 55.54	\$.01
NURSE MIDWIFE	48	254	\$	15,151.61	\$ 59.65	.001	\$ 315.66	\$.08
PEDIATRIC NURSE PRACTITIONER	1	2	\$	56.03	\$ 28.02	.000	\$ 56.03	\$.00

FAMILY NURSE PRACTITIONER	30	48	\$	1,221.79	\$	25.45	.000	\$	40.73	\$	.01
@TOTAL HOSPITAL	16,978	88,550	\$	13,081,866.71	\$	147.73	.444	\$	770.52	\$	65.59
HOSP INPATIENT TOTAL	2,082	10,724		11,132,196.87		1038.06	.054		5346.88		55.81
HSC HOSPITALS	1,137	5,315		5,974,588.93		1124.10	.027		5254.70		29.95
NON-HSC HOSPITAL TOTAL	629	3,246		4,870,555.36		1500.48	.016		7743.33		24.42
ACCOMMODATIONS	629	3,246		1,785,638.87		550.10	.016		2838.85		8.95
ADMINISTRATIVE DAYS	37	385		86,975.35		225.91	.002		2350.69		.44
TRANSITIONAL IP CARE	0	0		25.17		.00	.000		.00		.00
ALL OTHER ACCOM	599	2,861		1,698,638.35		593.72	.014		2835.79		8.52
ANCILLARIES	628	0		3,084,916.49		.00	.000		4912.29		15.47
INPATIENT CROSSOVERS	347	2,163		286,181.58		132.31	.011		824.73		1.43
ALL OTHER INPATIENT	1	0		871.00		.00	.000		871.00		.00
HOSP OUTPATIENT TOTAL	15,577	77,826		1,949,669.84		25.05	.390		125.16		9.77
MEDICAL	2,159	3,237		117,418.21		36.27	.016		54.39		.59
SURGERY	1,461	1,650		89,650.13		54.33	.008		61.36		.45
PATHOLOGY	5,434	24,408		246,164.88		10.09	.122		45.30		1.23
RADIOLOGY	3,847	5,507		386,543.43		70.19	.028		100.48		1.94
ROOM USE	10,331	13,909		554,018.27		39.83	.070		53.63		2.78
CROSSOVERS/ALL OTH OUTPTNT	7,156	29,115		555,874.92		19.09	.146		77.68		2.79
@COUNTY HOSPITAL TOTAL	94	507	\$	200,693.88	\$	395.85	.003	\$	2135.04	\$	1.01
CO HOSPITAL INPATIENT TOTAL	9	165		188,020.48		1139.52	.001		20891.16		.94
HSC HOSPITALS	9	165		188,020.48		1139.52	.001		20891.16		.94
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	88	342		12,673.40		37.06	.002		144.02		.06
MEDICAL	35	43		1,706.65		39.69	.000		48.76		.01
SURGERY	7	14		863.32		61.67	.000		123.33		.00
PATHOLOGY	31	119		2,022.02		16.99	.001		65.23		.01
RADIOLOGY	11	18		2,528.19		140.46	.000		229.84		.01
ROOM USE	57	83		3,341.79		40.26	.000		58.63		.02
CROSSOVERS/ALL OTH OUTPTNT	34	65		2,211.43		34.02	.000		65.04		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
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PLACER COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED										

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	199,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,898	88,043	\$	12,881,172.83	\$ 146.31	.441	\$ 762.29	\$ 64.58
COMM HOSP INPATIENT TOTAL	2,073	10,559		10,944,176.39	1036.48	.053	5279.39	54.87
HSC HOSPITALS	1,128	5,150		5,786,568.45	1123.61	.026	5129.94	29.01
NON-HSC HOSPITALS TOTAL	629	3,246		4,870,555.36	1500.48	.016	7743.33	24.42
ACCOMMODATIONS	629	3,246		1,785,638.87	550.10	.016	2838.85	8.95
ADMINISTRATIVE DAYS	37	385		86,975.35	225.91	.002	2350.69	.44
TRANSITIONAL IP CARE	0	0		25.17	.00	.000	.00	.00
ALL OTHER ACCOM	599	2,861		1,698,638.35	593.72	.014	2835.79	8.52
ANCILLARIES	628	0		3,084,916.49	.00	.000	4912.29	15.47
INPATIENT CROSSOVERS	347	2,163		286,181.58	132.31	.011	824.73	1.43
ALL OTHER INPATIENT	1	0		871.00	.00	.000	871.00	.00
COMM HOSP OUTPATIENT TOTAL	15,502	77,484		1,936,996.44	25.00	.388	124.95	9.71
MEDICAL	2,126	3,194		115,711.56	36.23	.016	54.43	.58

SURGERY	1,454	1,636		88,786.81		54.27	.008	61.06	.45
PATHOLOGY	5,405	24,289		244,142.86		10.05	.122	45.17	1.22
RADIOLOGY	3,836	5,489		384,015.24		69.96	.028	100.11	1.93
ROOM USE	10,282	13,826		550,676.48		39.83	.069	53.56	2.76
CROSSOVERS/ALL OTH OUTPTNT	7,123	29,050		553,663.49		19.06	.146	77.73	2.78
@STATE HOSPITAL	20	365	\$	172,770.72	\$	473.34	.002	\$ 8638.54	\$.87
MENTALLY ILL	8	0		12,513.82		.00	.000	1564.23	.06
DEVELOP. DISABLED	12	365		160,256.90		439.06	.002	13354.74	.80
@NURSING FACILITY	7,409	236,535	\$	22,138,857.52	\$	93.60	1.186	\$ 2988.10	\$ 110.99
LEV A-INTERMEDIATE	475	15,755		738,771.66		46.89	.079	1555.31	3.70
LEV B-REHAB MD	30	856		84,675.85		98.92	.004	2822.53	.42
LEV B-SUBACUTE FREESTANDING	2	30		9,841.50		328.05	.000	4920.75	.05
LEV B-SUBACUTE HSPTL BASED	23	1,237		578,349.84		467.54	.006	25145.65	2.90
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	6,894	218,657		20,727,218.67		94.79	1.096	3006.56	103.92
@INTERMEDIATE CARE FACIL.-DD	511	15,637	\$	2,425,433.69	\$	155.11	.078	\$ 4746.45	\$ 12.16
ICF DDH	217	6,662		922,054.99		138.41	.033	4249.10	4.62
ICF DD	6	182		23,452.52		128.86	.001	3908.75	.12
ICF DDN/DDCN	288	8,793		1,479,926.18		168.31	.044	5138.63	7.42
@HEMODIALYSIS TOTAL	381	6,371	\$	418,710.72	\$	65.72	.032	\$ 1098.98	\$ 2.10
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	381	6,371		418,710.72		65.72	.032	1098.98	2.10
@REHABILITATION FACILITY	49	171	\$	5,483.81	\$	32.07	.001	\$ 111.91	\$.03
HOSPITAL BASED	43	148		4,893.14		33.06	.001	113.79	.02
INDEPENDENT FACILITY	6	23		590.67		25.68	.000	98.45	.00
@LABORATORY FACILITY	9,053	30,110	\$	418,309.37	\$	13.89	.151	\$ 46.21	\$ 2.10
PATHOLOGY	9,029	30,018		418,127.05		13.93	.150	46.31	2.10
XO AND OTHERS	24	92		182.32		1.98	.000	7.60	.00
@ORGANIZED OUTPATIENT CLINIC	11,040	23,436	\$	2,765,929.14	\$	118.02	.117	\$ 250.54	\$ 13.87
CLINIC	2,359	8,573		254,367.42		29.67	.043	107.83	1.28
SURGICENTER	331	1,657		66,918.20		40.39	.008	202.17	.34
HEROIN DETOX CLINIC	4	76		889.60		11.71	.000	222.40	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 PLACER COUNTY

8,450 13,130 2,443,753.92
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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	199,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14,744	873,325	\$	3,756,239.24	\$ 4.30	4.378	\$ 254.76	\$ 18.83
DURABLE MED. EQUIP.	1,401	5,469		705,621.61	129.02	.027	503.66	3.54
BLOOD BANK	3	30		492.00	16.40	.000	164.00	.00
HEARING AID DISPENSERS	45	68		17,540.55	257.95	.000	389.79	.09
MEDICAL TRANSPORTATION	2,544	129,934		564,669.71	4.35	.651	221.96	2.83
AMBULANCES/AIR TRANS	1,088	13,772		199,818.84	14.51	.069	183.66	1.00
OTHER TRANS	1,370	114,589		332,368.73	2.90	.574	242.60	1.67
OTHER SERVICES	141	1,573		32,482.14	20.65	.008	230.37	.16
ACUPUNCTURE	40	92		1,590.90	17.29	.000	39.77	.01
ADULT DAY HEALTH CARE CTR	998	14,854		988,435.60	66.54	.074	990.42	4.96
GENETIC DISEASE TESTING	569	573		49,736.50	86.80	.003	87.41	.25
IHMC,MODEL-NF,NF,AIDS,MSSP	282	6,995		285,562.76	40.82	.035	1012.63	1.43
OCCUPATIONAL THERAPIST	23	296		1,973.98	6.67	.001	85.83	.01
OPTICIAN	2,531	5,604		61,552.70	10.98	.028	24.32	.31
PHYSICAL THERAPIST	62	787		9,580.52	12.17	.004	154.52	.05
PORTABLE X-RAY	26	50		406.01	8.12	.000	15.62	.00
PROSTHETIST/ORTHOTISTS	331	724		60,837.10	84.03	.004	183.80	.31
PROSTHETICS	313	700		59,437.95	84.91	.004	189.90	.30
ORTHOTICS	19	24		1,399.15	58.30	.000	73.64	.01
PSYCHOLOGIST	43	121		4,319.78	35.70	.001	100.46	.02
SPEECH AND AUDIOLOGY	1,406	4,956		252,201.33	50.89	.025	179.38	1.26
HOSPICE SERVICES	81	2,004		226,062.48	112.81	.010	2790.89	1.13
NONINST BIRTHING CENTERS	2	2		1,857.23	928.62	.000	928.62	.01
LOCAL EDUCATION AGENCIES	2,762	57,585		215,514.39	3.74	.289	78.03	1.08
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,759	643,181		308,284.09	.48	3.225	111.74	1.55
@CALIF. CHILDREN SERVICES*	1,319	27,607	\$	2,379,103.78	\$ 86.18	.138	\$ 1803.72	\$ 11.93
@XOVER EXCLUDING STATE HOSP**	10,062	88,886	\$	1,367,073.14	\$ 15.38	.446	\$ 135.86	\$ 6.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.